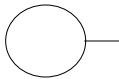


Initials _____ MRN _____ Bed _____

Circle all positives
hash mark if negative "✓" if examined

Medical Work Sheet



Race: **A B H NA ME W**

Time notified _____ Time IN _____ Time OUT _____

Attending:

Sweats chills fevers LOC Δ appetite Δ weight
 Depression anxiety Δ memory Δ sleep tired dizzy
 Headaches Δ vision ears throat sinus Δ voice epistaxis
 Chest pain-pressure palpitations DOE PND edema
 Orthopnea SOB wheezing cough sputum hemoptysis
 Food intolerance pain dysphagia dyspepsia bloating
 Dysphagia nausea vomiting hemorrhoids blood Δ BM
 Nocturia dysuria incontinen frequency blood Δ libido
 LMP G: P: A: monogamous high risk
 Joint pain stiffness muscle weakness numb cramps
 Skin lesions rashes ulcer bruising Δ nails Δ hair

MHx: I DM II HTN Lipidemia MI CAD CHF Stroke A fib DVT PE PVD Anemia HIV
 Pacer/ICD Pneumonia TB Asthma COPD Sleep apnea Hypothyroid Psych Dementia CA
 Anemia Seizures Glaucoma Arthritis CKD ESRD Obesity PUD GERD Hepatitis B C

SHx: Tonsils Appy Hernia R L GB Colon Prostate Stomach Bladder Lung Heart Vasc
 R L Hip • R L Knee • R L Foot • R L Wrist • R L Cataract • R L Breast P Hyst T

CC:

HPI: location, quality, severity, duration, timing, context, modifying factors, associated symptoms

Medications: reconciled

FHx: DM CAD HTN TB CVA CA _____

Edu: 1-6 7-12 13-16 17+ **Language** _____

Risk: Transfusion Toxins Trauma Travel

Tobacco never _____c/day _____Yr quit _____pk/yr

Advised to Quit DNR DNI Full Code Discussed

Alcohol past social weekends daily _____

Drugs never past present **Diet** General Tube Cardiac DM Renal

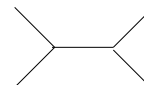
PAP/DRE _____ **Mammo** _____ **Colon** _____ **Lipids** _____

Wt	BP	Pulse <small>reg irreg</small>	Temp	BMI
Ht	BP	Resp <small>reg irreg</small>	%O2	
Eyes		Dentures U L	GU	GI
Conjunctivae		Teeth	Scrotum	Scars
Lids		lips	Penis	Bowel sounds
Sclera		gums	Prostate	Consistency
Vision ≥20/40 OU		Resp	F Genitals	Pain • Tender
PERRL		Effort	Urethra	Mass
Fundi lens • disc		Breath sounds	Bladder	Liver • spleen
ENT- Mouth		Percussion	Skin	Hernia
Ears external		Fremitus	Inspection	Ano-rectal
TM EAC right		CV	Palpation	Psych
TM EAC left		Palpate PMI	Lymph	3 step command
Hearing R = L		Heart sounds	Neck	Name pen watch
Speech clear		No murmur	Axillae	Mus/Skel
Nose		Carotids	Groin	Gait > 50 ft
mucosa		Femorals	Neuro	Back • Spine
septum		Pedal pulses	CN II-XII	Digits nails
turbinates		Varicose veins	DTR UE LE	R ROM
Oropharynx		Edema	Sensation	UE Strength
tongue		Neck	Cerebellar	tone
mucosa		Supple	Breasts	LE ROM
pharynx		No tenderness	Inspection	Strength
glands		Thyroid	Palpation	tone

Trop CBC CMP TSH T3 T4 INR A1C UA Lipids EKG 2DE CXR Lipids

DVT Restraints Fall risk IVF ABx

Orders done H&P Signed Stable Guarded Unstable



Notes/Labs:

To do:

/

BP _____

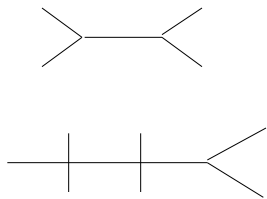
HR _____

Temp _____

RR _____

I/O _____

O2 sat _____ on _____



/

BP _____

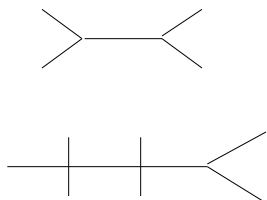
HR _____

Temp _____

RR _____

I/O _____

O2 sat _____ on _____



/

BP _____

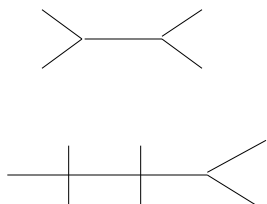
HR _____

Temp _____

RR _____

I/O _____

O2 sat _____ on _____



/

BP _____

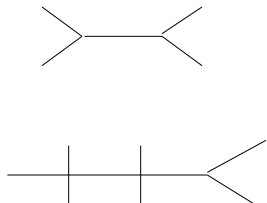
HR _____

Temp _____

RR _____

I/O _____

O2 sat _____ on _____



/

BP _____

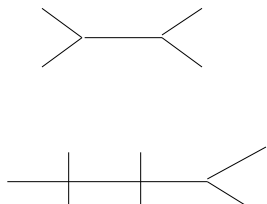
HR _____

Temp _____

RR _____

I/O _____

O2 sat _____ on _____



Medications

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Problem List

