

Patient Name: \_\_\_\_\_  
 D.O.B: \_\_\_\_\_  
 Date of Service: \_\_\_\_\_

OFFICE STAMP

**CHIEF COMPLAINT/HPI:** \_\_\_\_\_

**PAST MEDICAL HISTORY:** \_\_\_\_\_

**VITALS**

**BP:** / **PULSE:** **RESP:** **TEMP:** **HEIGHT:** **WEIGHT:** **BMI:**

**ALLERGIES**

**PHYSICAL EXAM**

WNL ABN

	WNL	ABN
HEENT		
NECK		
CHEST		
BREAST		
HEART		
ABDOM		
PELVIC		
RECTAL		
EXTREM		
NEURO		
SKIN		
EKG		
PFT		

**MEDICATIONS**

Medications initialed below have been reviewed on D.O.S

	INITIAL
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	

**DIAGNOSIS**

Include stage, severity and link diagnosis when required

**STATUS**

Circle one

**PLAN**

1	STABLE WORSENING IMPROVING	
2	STABLE WORSENING IMPROVING	
3	STABLE WORSENING IMPROVING	
4	STABLE WORSENING IMPROVING	
5	STABLE WORSENING IMPROVING	

For **DIABETIC** patients please check if the test below have been performed during the current calendar year.

- HbA1c     Nephro (Urine test)     Diabetic EYE exam



Check box if continued on second page

**Signature**    **MD / DO / PA / NP**

Please Circle **CREDENTIAL**

**Patient Name:** \_\_\_\_\_  
**D.O.B:** \_\_\_\_\_  
**Date of Service:** \_\_\_\_\_

OFFICE STAMP

**DIAGNOSIS**

**STATUS**

**PLAN**

Include stage, severity and link diagnosis when required

Circle one

6	STABLE WORSENING IMPROVING	
7	STABLE WORSENING IMPROVING	
8	STABLE WORSENING IMPROVING	
9	STABLE WORSENING IMPROVING	
10	STABLE WORSENING IMPROVING	
11	STABLE WORSENING IMPROVING	
12	STABLE WORSENING IMPROVING	

**ADDITIONAL INFORMATION / IMPRESSION / PLAN / HEALTH EDUCATION / REFERRALS**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---



**Signature** MD / DO / PA / NP  
 Please Circle **CREDENTIAL**