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Patient's Name: _____ BP: _____ HR: _____ RR: _____ Temp: _____

C.C. _____

HPI:		Review of systems (ROS): This is a check list, do NOT write anything	
PAIN LIQOPRAAA Location Intensity Quality Onset (duration & Frequency) Precipitating event <ul style="list-style-type: none"> Progression Previous episodes Radiation Alleviating Aggravating Associated symptoms	NO PAIN DOC PA FAA Description of event Onset Constant/Intermittent Precipitating event <ul style="list-style-type: none"> Progression Previous episodes Alleviating factors Frequency Aggravating factors Associated symptoms	Adults THEN FR CS PUB SAW ID Trauma/Travel recently Headache Edema Nausea/Vomiting (onset, color, frequency) Fever/chills/Night sweat Racing of / Rash Chest pain/Cough (sputum, odor, color, blood) SOB Pain in joints Urinary problem Bowel problem (abdominal pain, Diarrhea, Constipation, onset, color, blood, frequency) Sleep problem Appetite Weight (how much? Time? Intentional?) Infection (recent infection) Dizziness (if yes, Vision problem?)	Pediatrics FEVER CUD SAD Fever Ear pulling Vomiting (onset, color, frequency) Eyes / Ear discharge Rash / Rhinorrhea Cry / Chest symptoms/Cold (recent URI, runny nose, cough, chest pain, SOB, difficulty swallowing) Urination (increase or decrease, #dippers, odor, color, dysuria) Diarrhea (onset, frequency, color, blood, mucus) Sleep/ Seizure (loss of bowel or urine, loss of consciousness) Activity (awake, playful, how does he looks?) Dehydration (dry mouth, shrunken eyes, soft or shrunken spots over the head "fontanelles")
PMH:		DDx:	
Adults PAM HITS FOSS Past Medical History Allergies Medication Hospitalization in the past I/I contacts Trauma Surgery Family Hx OB/GYN (LMP RTV CS PAP) LMP, Menarche, Period lasts? Regularity? Tampons (# per day), Vaginal discharge, itching, Dryness, Cramps, Spotting? (Intermenstrual / Post coital), Pregnancy (# of times? Complication), Abortion/Miscarriage Pap Smear (Last pap? Abnormal?), Sexual Hx (with who? # of partners? Men or women? Protection? # of partners since last year?) Social Hx (WHARTED) - Work - Home - Alcohol (ask CAGE) - Recreational drugs (Name? Last time used, method of use?) - Tobacco (#pack per day, Educate) - Exercise - Diet	Pediatrics PAM IF BIG DEALS Past Medical Hx, <ul style="list-style-type: none"> Past Surgical Hx Previous hospitalization Prenatal Hx Allergies Medications Ill contacts Family Hx Birth Hx Immunization Growth & Development Day care (Sick contacts?) Eating habits Appetite Last Check up (was it normal?)	1. 2. 3. Diagnostic work-up <ul style="list-style-type: none"> • • • • • • 	
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