General: Weight Changes, Weakness, Fatigue, Fever/Chills, Night Sweats Skin: Skin, Hair, Nail changes, Rashes, Itching, Sores, Lumps, Moles Head: Trauma, Headache location, Nausea/Vomiting, Visual disturbances Ears: Hearing changes, Ear Pain, Otorrhea, Tinnitus

Eyes: Glasses, Contacts, Blurriness, Tearing, Itching, Acute vision loss Nose/Sinuses: Rhinorrhea, Stuffiness, Sneezing, Allergy, Itching, Epistaxis

Mouth, Throat, Neck: Bleeding Gums, Sore Throat, Hoarseness, Swollen neck, Throat masses

Breasts: Skin changes, Masses/Lumps, Discharge, Pain, Self Exams Cardiac: Hypertension, Murmurs, Angina, Palpitations, Dyspnea on exertion, Orthopnea, Paroxysmal Nocturnal Dyspnea, Edema, last EKG Respiratory: Dyspnea, Wheeze, Cough, Sputum, Hemoptysis, Pneumonia, Asthma, Emphysema, Bronchitis, Tuberculosis, last chest X-Ray

GI: Appetite, Nausea/Vomiting, Indigestion, Dysphagia, Bowel Movement frequency/change, stool color, Diarrhea, constipation, bleeding (i.e. hematemesis, hemorrhoids, melena, hematochezia), abdominal pain, jaundice, hepatitis Urinary: Frequency, Urgency, Hesitancy, Polyuria, Dysuria, Hematuria, Nocturia, Stones, Incontinence, Infection

Genital: Male – Penile Discharge or Sores (i.e. painless or painful), Testicular Pain/Masses, Hernias, Erectile dysfunction

Female – Menarche, period regularity, frequency, duration, dysmenorrhea, first day of last period, itching, discharge, sores, pregnancies and complications, miscarriages/abortions, birth control, menopause, hot flashes, sweats, heavy bleeding

General – STD history/treatment, sex interest, function, problems, contraception methods

Vascular: Leg edema, Claudication, Varicose veins, Thromboses/emboli Musculoskeletal: Muscle Weakness, Pain, Joint stiffness, Range of motion, Instability, Redness, Swelling, Arthritis, Gout, Activity restrictions Neurologic: Loss of Sensation/Numbness, Tingling, Tremors, Weakness/Paralysis, Fainting/Blackouts, Seizures, Cognitive dysfunction

Hematologic: Anemia, Easy Bruising/Bleeding, Petechiae, Purpura, Transfusions, thromboses/emboli

Endocrine: Heat/Cold intolerance, Excessive sweating, Polyuria, Polydipsia, Polyphagia, Thyroid Problems, Diabetes

Psychiatric: Mood, Anxiety, Depression, Anger

SUBJECTIVE

General: Weight Changes, Weakness, Fatigue, Fever/Chills, Night Sweats Skin: Skin, Hair, Nail changes, Rashes, Itching, Sores, Lumps, Moles Head: Trauma, Headache location, Nausea/Vomiting, Visual disturbances Ears: Hearing changes, Ear Pain, Otorrhea, Tinnitus

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Endocrine: Heat/Cold intolerance, Excessive sweating, Polyuria, Polydipsia, Polyphagia, Thyroid Problems, Diabetes

Psychiatric: Mood, Anxiety, Depression, Anger

SUBJECTIVE

Constitutional: Looks well, no acute distress, alert and oriented x3, well developed and well nourished

Head: Normocephalic, no palpable abnormalities of scalp, cranial bones, or maxillary/frontal sinuses

Eyes: brows, lids, lacrimal ducts are symmetric and without inflammation; conjunctivae clear; PERRLA, EOMI; fundoscopy reveals vessels without abnormality, fundus margins clear

Ears, Nose, Mouth and Throat: no lesions or edema of external ear; tympanic membrane is clear with landmarks preserved; external nose and nasal membranes/inferior turbinate are clear; lips, oral mucosa and pharynx are free of lesions or edema

Neck: neck is supple/range of motion full; trachea is midline, no venous distention; carotid pulsations 2+/4 and without bruits; no palpable masses or adenopathy; thyroid is symmetric and of average size and free of nodules **Respiratory**: No evidence of respiratory distress, lungs are clear to auscultation; thoracic excursion full and symmetric

Cardiovascular: Heart is regular rate and rhythm without any murmurs, gallops or rubs; no heaves in chest; (name) pulse 2+/4; no peripheral edema GI/Abdomen: No abnormality of abdominal contour or venous pattern; bowel sounds active in 4 quadrants; no aortic or renal bruits; abdomen soft and nontender on palpation; no masses or organomegaly

Lymphatic: no abnormal lymph nodes in neck, axilla or inguinal area; no upper or lower extremity edema

Musculoskeletal/Structural (Spine and Extremities): range of motion in axial (cervical, thoracic, lumbar) and appendicular skeletons is maintained; no joint deformities or swelling; no thoracic or lumbar temperature changes, erythema, sweating, muscle spasm, tenderness, or vertebral rotation; no scoliosis

Skin and Subcutaneous: No abnormal skin lesions, rashes, ecchymoses **Neurologic**: cranial nerves II-XII intact; no sensory deficits; cerebellar function maintained; gait is stable; deep tendon reflexes and upper and lower extremities symmetric 2+/4; muscle strength in all major muscle groups in upper and lower extremities is 5/5

Psychiatric: No sign of cognitive impairment or disordered thought; affect appropriate

OBJECTIVE

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Psychiatric: No sign of cognitive impairment or disordered thought; affect appropriate

OBJECTIVE

Vascular

Infection/Inflammation

Neoplasm

Drugs/Toxins/Degenerative

Idiopathic/Iatrogenic

Congenital/Developmental/Inherited

Autoimmune/Allergy/Anatomic

Endocrine/Metabolic/Environmental Exposure/

Occupational exposure

ASSESSMENT

Follow Up

Additional Tests or Referrals

Medications

OMT

Understanding of the Diagnosis/Questions

Answered

Self Care/Home Instructions

PLAN

Three open-ended questions:

What brings you in today?

Can you tell me more about that?

Is there anything else you need to discuss today?

Chief Complaint:

Medical Illness Habits Onset

Medications Location Occupation Duration Aller gies **R**elationships

Immunizations Character Safety

Sexual history Associated Surgeries Aggravating Hospitalization Environment **S**pirituality

Injuries Relieving Temporal Family History

Severity Travel

SUBJECTIVE

Vascular

Infection/Inflammation

Neoplasm

Drugs/Toxins/Degenerative

Idiopathic/Iatrogenic

Congenital/Developmental/Inherited

Autoimmune/Allergy/Anatomic

Trauma

Endocrine/Metabolic/Environmental Exposure/

Occupational exposure

ASSESSMENT

PLAN

Follow Up

Additional Tests or Referrals

Medications

OMT

Understanding of the Diagnosis/Questions

Answered

Self Care/Home Instructions

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Chief Complaint:

Medical Illness Onset **Habits**

Occupation Location Medications Duration Aller gies **R**elationships

Character **I**mmunizations Safety

Associated Surgeries Sexual history Aggravating Hospitalization Environment Injuries Relieving **S**pirituality

Family History Temporal

Severity Travel

SUBJECTIVE