



Patient Name: Helicop Pam
MRN : 8 DOB: 09/27/2023
Date of Visit: 09/27/2023
Provider : Waddell, Ben MD



Hypertension

HPI

- ☐ Compliant with Meds
- ☐ No new Symptoms

EXAM (check if normal)

- ☐ Gen:
- ☐ Hint:
- ☐ Resp:
- ☐ CV:
- ☐ GI:
- ☐ MSK:
- ☐ Derm:
- ☐ Neuro:

Assessment:

-
1. Hypertension
 2. _____
 3. _____

Plan:

- 1.
- 2.
- 3.
- 4.
- 5.

- ☐ Gross Motor: (moves hands well, crawling)
- ☐ Fine Motor: (picks up pencil, feeds self)
- ☐ Cognitive: (2-3 words, yes/no)
- ☐ Social/Emotional: (Cries when left alone)

Vital Signs

BMI _____
Heart Rate _____
Height _____ inches
Weight _____ lbs
Blood Pressure _____
Respiratory Rate _____

- ☐ Allergies (mark reviewed)

- ☐ Medications (mark reviewed)

- ☐ Family History (mark reviewed)

- ☐ Social History (mark reviewed)

Signature: _____

Date: _____