

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



## Hypertension

НРІ	☐ Gross Motor: (moves hands well, crawling)	Vital Signs
☐ Compliant with Meds	☐ Fine Motor: (picks up pencil, feeds self)	BMI Heart Rate
☐ No new Symptoms	☐ Cognitive: (2-3 words,	Height inches
	yes/no)	Weightlbs
	☐ Social/Emotional: (Cries when left alone)	Blood Pressure
	(01100 11111111111111111111111111111111	Respiratory Rate
EXAM (check if normal)		☐ Allergies (mark reviewed)
☐ Gen:		
☐ Hint:		
☐ Resp:		
□ CV:		☐ Medications
$\Box$ GI:		(mark reviewed)
☐ MSK:		
☐ Derm:		
☐ Neuro:		
Assessment:		
		☐ Family History (mark reviewed)
1. Hypertension		(
2		
3		
Plan:		
1.		☐ Social History (mark reviewed)
2.		(mark reviewed)
3.		
4.		
5.		
Signature:		Date: