

# Encounter Form

## History Of Present Illness Or Injury 3

### Medical History

#### Medications

#### Allergies

asdcas

#### Temp

#### HR

#### RR

#### Blood Pressure Systolic

#### O2

#### Pain

#### Heent

#### CV

#### Chest

#### ABD

#### Extremeties

#### Skin

#### Neuro

#### Other

#### Diagnosis

#### Treatment Plan

#### Medications Dispensed

#### Procedures

#### Follow Up