

Name:

MRN:

Room:

One-liner:

S:

**Con:** ☐ fever ☐ sweat ☐ chills ☐ weight  $\Delta$  ☐ fatigue

**Eyes:** ☐ changes in vision

**ENT:** ☐ earaches ☐ allergies ☐ sinus ☐ sore throat

**Resp:** ☐ SOB ☐ chest pain ☐ cough

**Cardiac:** ☐ palpitations ☐ edema ☐ chest pain

**GI:** ☐ abdominal pain ☐ N ☐ V ☐ D

**GU:** ☐ dysuria ☐ frequency ☐ urgency

**Skin:** ☐ rash ☐ dry skin

**Musculoskel:** ☐ myalgias ☐ arthalgias ☐ arthritis

**Psych:** ☐ depression ☐ anxiety ☐ sleep problems

**Neuro:** ☐ weakness ☐ dizziness

O:

**Vitals:** Temp: (                      )  
BP: (                      )/(                      )  
HR: (                      )  
RR: (                      )  
O2 Sat:                      % on

I&O:

Weight:

### ***Physical Exam***

**General:**

**HEENT:** ☐ PERRL

**Neck:** ☐ cervical lymphadenopathy ☐ neck supple

**Pulm:** ☐ CTA b/l ☐ rales ☐ rhonchi ☐ wheezing  
☐ dullness to percussion

**CV:** ☐ RRR ☐ S1 S2 ☐ murmur

**GI:** ☐ abdomen soft ☐ non-tender ☐ non-distended  
☐ organomegaly ☐ normal bowel sounds

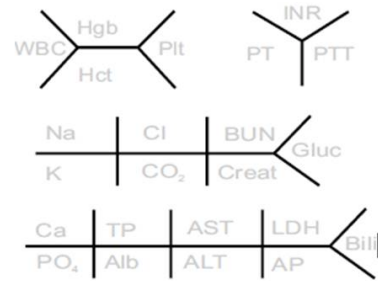
**Ext:** ☐ warmth ☐ swelling ☐ erythema ☐ edema  
☐ tenderness ☐ ulcers ☐ wounds ☐ +2 pulses

**Skin:** ☐ rash ☐ ecchymoses ☐ scars

**Musculoskel:** ☐ normal strength ☐ full ROM

**Neuro:** ☐ A&Ox3 ☐ sensory/motor intact ☐ +2 reflex

**Labs:**



**Imaging:**

**Medications:**

A:

P: