

History

Chief Complaint:

History of Present Illness:

Past or Present Medical Conditions

☐ No ☐ Yes ☐ Unknown

If Yes, Describe:

Describe onset, treatment, and list any medical devices.

Social History:

Education History

- | | | |
|---|--|---|
| <input type="checkbox"/> GED | <input type="checkbox"/> Graduated high school | <input type="checkbox"/> Completed some high school |
| <input type="checkbox"/> Repeated a grade | <input type="checkbox"/> Learning disability | <input type="checkbox"/> Special education |
| <input type="checkbox"/> Trade school | <input type="checkbox"/> Currently in school | <input type="checkbox"/> Completed some or all of college |
| <input type="checkbox"/> Other | | |

Custody Status

- | | | |
|--|---|--|
| <input type="radio"/> DCF Custody | <input type="radio"/> DCF Custody - Aftercare | <input type="radio"/> Joint Custody (one parent has residential) |
| <input type="radio"/> Joint Custody (50/50) | <input type="radio"/> Sole Custody | <input type="radio"/> PPC |
| <input type="radio"/> Adult With No Guardian | <input type="radio"/> Parental Custody (parents together) | <input type="radio"/> Other |

Other Custody Status

Current Living Arrangements

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Lives with spouse | <input type="checkbox"/> Lives with significant other | <input type="checkbox"/> Lives with family | <input type="checkbox"/> Lives alone |
| <input type="checkbox"/> Residential Treatment Program | <input type="checkbox"/> Assisted Living Facility | <input type="checkbox"/> Skilled Nursing Facility | <input type="checkbox"/> Foster / Group Home |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Has assistance in home | | |

Other:

Name of facility if indicated:

Allergies:

Current Medications

Physical Examination

Vitals

- ☐ WNL
☐ Abnormal
☐ Unable to obtain due to patient factors
☐ Refused exam

Vitals Notes

Head

- ☐ Atraumatic, normocephalic.
- ☐ Abnormal
- ☐ Unable to obtain due to patient factors
- ☐ Refused exam

Head Exam Details

Eyes

- ☐ PERRLA, EOMI normal, non-injected conjunctiva
- ☐ Abnormal
- ☐ Unable to obtain due to patient factors
- ☐ Refused exam

Eye Exam Details

ENT

- ☐ WNL With Typical Landmarks
- ☐ Abnormal
- ☐ Patient Refused Exam
- ☐ Unable to obtain due to patient factors
- ☐ Other

ENT Exam Details

Cardiovascular

- ☐ Regular rate and rhythm without murmur
- ☐ Abnormal
- ☐ Unable to obtain due to patient factors
- ☐ Refused exam

Cardiovascular Exam Details

Lungs

- ☐ Clear on auscultation, bilaterally
- ☐ Abnormal
- ☐ Unable to obtain due to patient factors
- ☐ Refused exam

Lung Exam Details

Skin

- ☐ No rash or wound observed
- ☐ Abnormal
- ☐ Unable to obtain due to patient factors

☐ Refused exam

Skin Exam Details

Abdomen

- ☐ Soft, non-tender, no rebound or rigidity
- ☐ Abnormal
- ☐ Unable to obtain due to patient factors
- ☐ Palpation by nurse proxy
- ☐ Refused exam

Abdomen Exam Details

Extremities

- ☐ No clubbing, cyanosis, edema or mass
- ☐ Abnormal
- ☐ Unable to obtain due to patient factors
- ☐ Refused exam

Extremities Exam Details

Neurological Exam

- ☐ CN II-XII Grossly Intact
- ☐ Abnormal
- ☐ Unable to obtain due to patient factors
- ☐ Patient refused exam

Neurological Exam Details

Diagnoses

Have labs and diagnostics been reviewed?

- ☐ Yes ☐ No

Any pertinent findings?

- ☐ Yes ☐ No

Describe Pertinent Findings

Diagnoses

Plan of Care Summary

Service Details

Was this a Tele-Health Service?

- ☐ Check if Tele-Health services were utilized.

Total Time Spent Includes:

- ☐ Reviewing Results - Outside Labs/ Studies

History and Physical Examination

- ☐ Obtaining/Reviewing Separate History
- ☐ Performing Medically Appropriate Exam/Eval
- ☐ Counseling/Educating Patient/ Family
- ☐ Ordering Meds, Tests, Procedures
- ☐ Referring/Communicating with other Providers
- ☐ Documenting clinical info in the EHR
- ☐ Care Coordination

Other: _____

Date/Duration Of Service

Date of Service: _____

Duration (mins): _____

Internal Review

Date of Review: _____

Reviewed By: _____

Internal Review Status