

Subjective

Subjective:

Objective

Objective:

Medications:

Temperature:

° F: _____ Site: _____

Comment: _____

Pulse:

B/min: _____ Position: _____ Site: _____ Type: _____

Comment: _____

Respirations:

Per Minute: _____ Vent: _____

Comment: _____

Blood Pressure:

Systolic (mmHg): _____ Diastolic (mmHg): _____ Position: _____ Side: _____

Comment: _____

Oxygen Saturation:

%: _____ Type: _____ Amount: _____ Unit: _____

Route: _____

Comment: _____

Blood Glucose:

mg/dL: _____

Comment: _____

Review of Systems

Review of Systems

GENERAL: _____

NECK: _____

EYES: _____

HENT: _____

RESP: _____

CV: _____

GI: _____

GU: _____

MSK: _____

SKIN: _____

ENDO: _____

NEURO: _____

EXTREM: _____

PSYCH: _____

HEMA/LYMPH: _____

OTHER: _____

Review of Systems Additional Comments:

Physical Examination

Physical Examination

GENERAL: _____
 NECK: _____
 EYES: _____
 HENT: _____
 RESP: _____
 CV: _____
 GI: _____
 GU: _____
 MSK: _____
 SKIN: _____
 ENDO: _____
 NEURO: _____
 EXTREM: _____
 PSYCH: _____
 HEMA/LYMPH: _____
 OTHER: _____

Physical Examination Additional Comments:

Lab Results/Diagnostic Findings

Lab Results:

Diagnostic Findings:

Assessment/Plan

Assessment/Plan:

Addendum:

Physician Addendum:

Resident Addendum:

Addendum

Addendum:

Physician Addendum:

Resident Addendum:

Scribe Attestation

Scribe Attestation:

☐ Documentation scribed by the individual below as dictated by the practitioner.

Scribe Name: _____

Practitioner Attestation:

☐ Information documented by the scribe accurately reflects the service I personally performed and the decisions made by me.