

Name: Age: M / F PCP:

Chief Complaint:

History of Present Illness:

Past Medical History:

Past Surgical History:

Family History:

Social History:

Medications:

Allergies: NKDA

Immunizations:

Review of Systems: All 10 systems reviewed negative except as stated in HPI

PHYSICAL EXAMINATION

Vital Signs:

Gen: NAD, well developed, well-nourished.

HEENT: NC/AT, PERRLA, Normal TMs, Moist Mucous Membranes

Neck: Supple, no JVD

CVS: Normal S1 S2, RRR, no M/R/G

Lungs: CTAB, no W/R/R

Abdomen: Soft NT ND good BS, No HSMG

Skin: No rashes or lesions

Musculoskeletal: FROM

Neurologic: AOx3, CN II-XII grossly intact, sensation, strength, reflexes, cerebellum, gait

Other:

Laboratory Data:

Imaging Studies:

ASSESSMENT / PLAN

___ yo M / F with

Problem List

Plan

Prophylaxis (GI / DVT):

Disposition: