Office Visit Note for Grace Primary Care Physicians

*Patient Name*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *DOB*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_

*Provider*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Visit Date*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*See attached Health Summary Form\*\*\***

*Allergies*: ○ reviewed *Current* *Medications*: ○ reviewed

**SUBJECTIVE:**

*Chief Complaint*: ○New ○Established visit ○General Physical Exam ○Chronic Care Management ○Well Woman ○Acute ○Procedure

○ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ○ Obtain Medical Records: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Symptoms*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*HPI (Current problems)*:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Review of Systems*:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Constitutional:*** Chills
* Fatigue
* Fever
* Night Sweats
* Weight changes
* Unremarkable
* N/A
 | **Eyes:*** Blurred Vision
* Eye Drainage
* Eye Pain
* Irritation
* Vision change
* Unremarkable
* N/A
 | **Ears/Nose/Throat:*** Ear Pain
* Bloody Nose
* Congestion
* Hoarse Voice
* Sore Throat
* Unremarkable
* N/A
 | **Cardiovascular:*** Chest Pain
* Orthopnea
* Palpitations
* PND
* Edema
* Unremarkable
* N/A
 | **Respiratory:*** Cough
* Dyspnea
* TB Exposure
* Hemoptysis
* Wheezing
* Unremarkable
* N/A
 | **Endocrine:*** Hair loss
* Heat/cold in
* Polydipsia
* Polyphagia
* Unremarkable
* N/A
 | **Heme/Lymphatic:*** Bruising
* Bleeding
* Adenopathy
* Unremarkable
* N/A
 |
| **Gastrointestinal:*** Abdominal Pain
* Blood in Stool
* Constipation
* Melena
* Nausea /

 Vomiting / Diar* Unremarkable
* N/A
 | **Genitourinary:*** Dysuria
* Hematuria
* Nocturia
* Polyuria
* Incontinence
* Unremarkable
* N/A
 | **Musculoskeletal:*** Arthralgias
* Back Pain
* Joint stiffness
* Limb Pain
* Myalgia
* Unremarkable
* N/A
 | **Skin/Integument/Breast:*** Atypical moles
* Dry skin
* Itching
* Rashes

***Breast***: * + Discharge
	+ Masses
* Unremarkable
* N/A
 | **Neurologic:*** Ataxia
* Fainting
* Headache
* Seizures
* Weakness
* Unremarkable
* N/A
 | **Allergies/****Immunology:*** Seasonal all
* Perennial all
* Freq infections
* HIV risk factors
* Urticaria
* Unremarkable
* N/A
 | **ALL SYSTEMS REVIEWED:*** Negative
* All others negative
* Unremarkable
* N/A
 |

*Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_

**OBJECTIVE:**

*Vitals:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Height: | Weight: | Heart Rate: | Blood Pressure: | Temperature: |
|  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Respiratory: | O2SAT: | LMP: | Visual Acuity (OS): | Visual Acuity (OD): | Ears: |
|  |  |  |  |  | ○ Pass ○ Fail |

*Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Exams:*

**General Appearance:** ○ WDWN ○ Appropriately groomed ○ NAD ○ Abnormal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Eyes**: ○ EOMI ○ PERRLA ○ Lids ○ Conj ○ *Fundoscopic exam*:  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* ○ Abnormal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **ENT**: ○ Outer ear ○ TM’s ○ Nasal/Oral mucosa ○ Oropharynx ○ *Teeth & Gingiva*: \_\_\_\_\_\_\_\_\_\_\_\_○ Abnormal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Neck**: ○ Supple ○ FROM ○ Thyroid ○ No Carotid bruits ○ No LAD ○ Abnormal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Resp**: ○ CTAB ○ No R/R/W ○ Abnormal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **CV**: ○ RRR ○ S1/S2 ○ No m/r/g ○ Normal PMI ○ Peripheral: No clubbing, cyanosis or edema ○ Abnormal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GI**: ○NT/ND ○ NABS ○ No HSM ○ No masses ○ Abnormal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GU**: *Male*: ○ B desc testes ○ No masses ○ No hernia ○ Penis ○ No inguinal LAD ○ *Prostate: \_\_\_\_\_\_\_* ○ Abnormal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Female*: ○ Ext. Genitalia ○ Urethra ○ No inguinal LAD ○ Abnormal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Pelvic*: ○ Vagina ○ Cervix ○ No CMT ○ No Adnexal tenderness ○ No Masses ○ Uterus ○ Abnormal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Lymphatic:** ○ No LAD (Cervical - Supraclavicular - Axillary – Inguinal) ○ Abnormal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Breast:** ○ No Masses ○ Skin changes ○ Nipple discharges ○ No axillary LAD ○ Abnormal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Skin:** ○ No Rashes ○ No Lesions ○ No Suspicious moles ○ Abnormal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Musc/Skel:** ○ ROM ○ Strength ○ Tone Diabetic Foot Exam

**Neuro**: ○ A&O X 3 ○ II-XII intact ○ Sens/Motor ○ DTR’s ○ Gait ○ Coordination ○ Abnormal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Psych**: Affect Demeanor Speech pattern *Thought: No SI No HI*

PE: (Circle= exam normal unless otherwise described

|  |  |
| --- | --- |
| **Assessment:**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Plan:**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Orders***

***Labs***: ***Today***: In-house: ○U/A ○ Hgb ○ Glucose ○ Rapid Strep ○ Stool Test ○ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send out: ○ CBC ○ CMP ○ HgbA1C ○ Lipid Panel ○ TSH ○ Pap smear ○ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Future***: Send out: ○ CBC ○ CMP ○ HgbA1C ○ Lipid Panel ○ TSH ○ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

○ To be drawn one week prior to next visit

***In house x-ray***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Tests/Procedures***: ○ EKG ○ PFT’s ○ Hearing ○ Nebulizer Treatments: 1, 2, or 3 ○ Pulse ox ○ Vision

 ○ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Referrals***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Immunizations***: ○TdaP ○ Pneumovax ○ Flu ○ Hep A ○ Hep B ○ HPV

 ○ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Medications/injections***: ○Vitamin B-12\_\_\_\_\_\_\_mg IM ○ Toradol\_\_\_\_\_\_\_mg IM ○ Zofran\_\_\_\_\_\_\_mg IM

 ○ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Vaccines:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***PAP meds***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Radiology***: ○ CT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_ ○ MRI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ○ US \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ○ X-ray \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

○ DEXA ○ ECHO ○ Screening Mammogram ○ Diagnostic Mammogram

**Prescriptions**: New, Refill, or Change in Meds

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medication: | Form/Strength | Sig: | Quantity: | Refills: |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

***Follow-Up:***

***30 minute Appointment***: ○ Re-check ○ Well Woman (30 min.) ○ Chronic Care Management (30 min.) ○ Procedure (30 min.)

***60 minute Appointment***: ○ Yearly Physical Exam ○ Chronic Care Management (60 min.) ○ Well Woman (60 min.) ○ Procedure (60 min.)

Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ In: \_\_\_\_\_\_\_ days \_\_\_\_\_\_\_ weeks \_\_\_\_\_\_\_ months ○ prn ○ After referral test

**Nurse Visit:** ○ Immunizations ○ Injections ○ Lab Draw ○ Procedures/Tests ○ X-rays

In: \_\_\_\_\_\_\_ days \_\_\_\_\_\_\_ weeks \_\_\_\_\_\_\_ months○ one week prior to visit

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_