



MACOMB

INTERNAL MEDICINE

Patient Name: _____ Date of Birth: _____ Date/Time: _____

Chief Complaint: _____

(4) HPI (Document): Location, Duration, Timing, Quality, Severity, Context, Modifying Factors, Associated Signs/Symptoms or Status of 3 Chronic Conditions.

- 1) _____

- 2) _____

- 3) _____

- 4) _____

REVIEW OF SYSTEMS

Check box for present symptoms

- CONST:** Fever Chills Fatigue Weight change
EYES: Itching Burning Vision change Discharge
ENT: Sore Throat Hoarse Nosebleed Ear Pain Congestion
Drainage nasal
RESP: SOB Cough Sputum Wheeze
CARD: Chest Pain Palpitations Edema DOE
GI: Abdominal pain N V Heartburn Dysphagia Constipation
Diarrhea Blood/tarry stool
GU: Frequency Burning Itching Discharge
MS: Pain/Stiff/Swelling: ___Back___Neck___Joint
H-L: Bleeding Bruising Enlarged nodes
ENDO: Thirst Cold/heat intolerance Night sweats
SKIN: Skin rash Lesions Ulcers
PSYCH: Depression Anxiety Sleep problems
NEURO: Headache Numbness Tingling Dizziness
IMM: Allergy Rhinorrhea Sneezing Asthma
 All Other Systems Negative

PFSH:

WT: _____ Pulse: _____ BP: _____ / _____ Resp: _____ Temp: _____ BMI: _____

PHYSICAL EXAMINATION

Check box for normal findings (except as noted), IF EXAMINED

- CONST:** Well developed, well nourished, no acute distress
EYES: PERLL Sclera clear and white No petechiae or jaundice
ENT: Tympanic membranes normal External auditory canals normal
Nasal mucosa and turbinates pink, septum midline No polyps Gums pink
Oral mucosa pink and moist Gag reflex present Oral pharynx normal
NECK: Supple No Thyromegaly No JVD No bruits
LYMPH: No lymphadenopathy
RESP: Clear to auscultation bilaterally No wheeze No dullness or hyper resonance
Respiration non-labored
CARD: RRR No murmurs, rubs or gallops Normal S₁S₂
ABDOMEN: Soft and non-tender No palpable organomegaly +BS
MUSCULO: No atrophy or weakness Joints intact Normal gait
EXTREMITIES: No clubbing or cyanosis No edema
SKIN: No rashes, lesions or ulcers Warm and dry, normal turgor
NEURO/PSYCH: A&O x3 Normal mood Symmetric DTR's
GU-Male: Normal testicular exam Normal exam of penis Normal prostate exam
GI: Rectal exhibits normal sphincter tone, no hemorrhoids Masses or gross blood
GU-Female: Ext. genitalia and vagina Cervix Uterus No adnexal masses
BREAST: No masses, nodes or tenderness No dimpling or discharge

IMPRESSION:

PLAN:

Patient verbalizes understanding of treatment plan. Educational materials given Re: Falls Nutrition

I spent _____ minutes with patient; >50% counseling/ coordinating care for _____

Physician's Signature: _____ Date: _____ Time: _____

Follow-Up: _____ Days _____ Weeks _____ Months

INTERNAL MEDICINE	<p data-bbox="1015 1942 1523 1990">TEACHING PHYSICIAN STATEMENT</p> <div data-bbox="841 1585 1523 1942"> <p><input type="checkbox"/> I reviewed the history, physical exam, diagnosis, and plan with the Intern/Resident and agree with the above. Any amendments or corrections are indicated to the right.</p> <p><input type="checkbox"/> I personally interviewed and examined the patient today. The key portions I identified are as indicated to the right.</p> </div> <p data-bbox="950 1512 1523 1564">Teaching Physician Signature / Date: /Time:</p>	
<p data-bbox="243 1858 779 1900">Additional Findings and/or Recommendations:</p>		