

DATE: \_\_\_\_\_ TIME SEEN: \_\_\_\_\_ on arrival RM: \_\_\_\_\_ EMS Arrival  
 HISTORIAN: patient spouse paramedics \_\_\_\_\_  
 \_\_\_ HX / \_\_\_ EXAM LIMITED BY: \_\_\_\_\_  
 unable to obtain

**HPI**

**chief complaint:** penile discharge dysuria testicular pain R/L  
 urinary retention blood in urine foley catheter problem

**onset / duration:** \_\_\_\_\_ min / hrs / days ago  
 \_\_\_\_\_ continues in ED  
 \_\_\_\_\_ gone now better  
 \_\_\_\_\_ intermittent  
 \_\_\_\_\_ worse

**context:** drug use lifting trauma recent surgery  
 recent travel outside US

**severity:** mild moderate severe (1/10)

**associated symptoms:**

problems urinating: \_\_\_\_\_  
 burning urgency pain hesitancy frequency small amounts  
 unable to urinate (last urinated: \_\_\_\_\_)  
 blood in urine / ejaculate \_\_\_\_\_  
 discharge from penis: \_\_\_\_\_  
 yellow clear thick thin  
 pain / swelling in testicle (R/L) \_\_\_\_\_  
 penile pain / swelling \_\_\_\_\_  
 unable to retract / replace foreskin \_\_\_\_\_  
 inguinal mass \_\_\_\_\_  
 flank pain (R/L) \_\_\_\_\_  
 abdominal pain: generalized RUQ LUQ RLQ LLQ \_\_\_\_\_

**Sexual History** inactive active homosexual  
 unprotected intercourse \_\_\_\_\_  
 known exposure to STD \_\_\_\_\_

Similar symptoms previously \_\_\_\_\_

Recently seen / treated by doctor / hospitalized \_\_\_\_\_

**ROS**

<b>CONST</b> recent illness / fever _____ sweating _____	<b>CVS</b> chest pain _____
<b>GI</b> nausea / vomiting _____ diarrhea _____	<b>RESP</b> shortness of breath _____ cough _____
<b>MS</b> calf / leg pain (R/L) _____ neck / back pain _____ joint pain _____	<b>EYES</b> problems with vision _____
<b>SKIN</b> rash _____	<b>ENT</b> sore throat _____ nasal drainage _____
<b>LYMPH</b> swollen glands _____ ankle swelling (R/L) _____	<b>NEURO</b> fainting _____ dizziness _____ tingling / numbness _____
	<b>PSYCH</b> anxiety / depression _____

except as marked positive, all systems above reviewed and found negative

• GI / GU components also addressed in HPI

**PAST HX** \_\_\_no chronic diseases

cardiac disease Afib CAD CHF MI STD  
 diabetes Type 1 Type 2 HIV  
 diet / oral / insulin sickle cell disease  
 hypertension prostate infection  
 erectile dysfunction prostate cancer  
 enlarged prostate  
 epididymitis  
 bladder / kidney infection  
 kidney stones  
 \_\_\_old records reviewed / summary: \_\_\_\_\_

**Surgeries / Procedures** \_\_\_none

appendectomy cholecystectomy  
 TURP cardiac bypass / stent  
 lithotripsy tonsillectomy  
 ureteral / renal stent

**Immunizations:** UTD / referred to PCP

**Medications** \_\_\_none see nurses note  
 aspirin coumadin clopidogrel NSAID  
**Allergies** \_\_\_NKDA  
 see nurses note

**SOCIAL HX** smoker \_\_\_ppd / never / past / quit: \_\_\_\_\_ ago  
 tobacco: use / dependence \_\_\_\_\_ nicotine: use / dependence \_\_\_\_\_  
 drugs alcohol (recent / heavy / occasional) screening

**FAMILY HX** kidney stones \_\_\_\_\_



**XRAYS / CT**

**Xrays done:** KUB upright abd 3-view

**Interpretation:**  By me  Viewed by me  Discsd w/ radiologist  
 \_\_\_ nml / NAD \_\_\_ nml bowel gas \_\_\_ no mass \_\_\_ no organomegaly  
 abnml: \_\_\_\_\_

**CT done:** abdomen \_\_\_\_\_

**Interpretation:**  By me  Viewed by me  Discsd w/ radiologist  
 \_\_\_ nml / NAD \_\_\_\_\_  
 abnml: \_\_\_\_\_

**IVP**

**Interpretation:**  By me  Viewed by me  Discsd w/ radiologist  
 \_\_\_ nml / NAD \_\_\_\_\_  
 abnml: obstruction R / L proximal / mid / distal ureter / UVJ  
 mild / mod / marked stone \_\_\_ -mm

**Testicular Scan:**

**Interpretation:**  By me  Viewed by me  Discsd w/ radiologist  
 \_\_\_ nml / NAD \_\_\_\_\_  
 abnml: \_\_\_\_\_

**Doppler Ultrasound:**

**Interpretation:**  By me  Viewed by me  Discsd w/ radiologist  
 \_\_\_ nml / NAD \_\_\_\_\_  
 abnml: \_\_\_\_\_

**LABS**

CBC	Chemistries	UA
normal except	normal except	normal except
WBC _____	Na _____ GC / Chlam _____	WBC _____
Hgb _____	K _____	RBC _____
Hct _____	CO2 _____	bact _____
Platelets _____	Gluc _____	dip _____
segs _____	BUN _____	
bands _____	Creat _____	

**EKG**

**RHYTHM STRIP** Rate: \_\_\_\_\_ Rhythm: NSR \_\_\_\_\_

**EKG**  Interp. by me  Viewed by me  Discsd w/ cardiologist  
 \_\_\_ nml / NAD \_\_\_ nml intervals \_\_\_ nml axis \_\_\_ nml QRS \_\_\_ nml ST/T  
 Rate: \_\_\_\_\_ Rhythm: NSR sinus tach A-fib \_\_\_\_\_

not / changed from: \_\_\_\_\_ repeat EKG: unchanged / \_\_\_\_\_

**PROGRESS - Continued**

Time \_\_\_\_\_ unchanged improved re-examined

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BP Screen** - > 18 y / screening / follow-up documented  
 \_\_\_ measure exclusions: not eligible / not indicated / contraindicated  
 Discussed with Dr. \_\_\_\_\_ Time: \_\_\_\_\_  
 will see patient in: ED / hospital / office

Counseled patient / family regarding: \_\_\_\_\_ Additional history from:  
 lab / rad. results diagnosis need for follow-up family caretaker paramedics  
 \_\_\_ Rx given

\_\_\_ Tobacco cessation: discussed: plan / trigger / challenges / gave Rx  
 \_\_\_ Alcohol cessation: discussed: plan / risk / coping measures

**CRIT CARE TIME** (excluding separately billable procedures) \_\_\_\_\_ min

**CLINICAL IMPRESSION**

subsequent  sequelae

GU	Other
BPH: w/: frequency hesitancy urinary retention urgency	Testicular torsion (of cord) R / L
Epididymitis R / L	Torsion of appendix testis R / L
Gonorrhea: urethritis	Ureterolithiasis: R / L
Herpes genitalis: involving: penis scrotum	Urethritis: nonspecific GC chlamydia trichomonas
Hydrocele: R / L communicating non-communicating	Urinary retention: drug induced: _____ w/ enlarged prostate
Nephrolithiasis R / L	UTI: cystitis: acute chronic : w/: hematuria catheter
Orchitis R / L	Varicocele (scrotal) R / L
Phimosis / Paraphimosis	<b>Other</b>
Priapism: due to: sickle cell trauma drug: _____	Hernia: R / L : inguinal femoral : w/: obstruction gangrene
Prostate nodule / mass	<b>Sign / Symptoms</b>
Prostatitis: acute chronic	Abd pain: RUQ LUQ RLQ LLQ generalized acute abdomen w/: rebound tenderness
Pyelonephritis: acute chronic: w/ obstruction	Dysuria
Renal colic R / L	Fever
STD / Exposure to STD : chlamydia gonorrhea herpes genitalis trichomonas HIV chancroid syphilis lymphogranuloma venereum	Hematuria: gross microscopic
	Nausea / Vomiting
	Pain: R / L : flank testis
	Penile discharge: w/ blood

**DISPOSITION DECISION TIME-** \_\_\_\_\_  home  transfer \_\_\_\_\_  
 admit \_\_\_ POA pressure ulcer / UTI (foley)

**CONDITION-**  unchanged  improved  stable \_\_\_\_\_

Care transferred to Dr: \_\_\_\_\_ Time: \_\_\_\_\_

MD / DO

Template Complete  See Addendum (Dictated / Template # \_\_\_\_\_)

