



Acute Care

Date: Time: Age:

HISTORY

MEDICATIONS

Females: LMP _____

Allergies: None known updated

PHYSICAL EXAM ✓ = True; blank = not examined; cross out false items & comment

T _____ °C/°F ax/oral; Wt _____ kg (_____%); Ht _____ cm (_____%); BMI _____ (_____%);
 P _____; R _____; BP ____/____ (90% for age/ht = ____/____); All %iles nl (see growth chart)

- General: unclothed alert energetic undistressed well-nourished good hygiene
- Head/neck: usual shape no lacerations no bruises no tender/enlarged nodes
- Eyes: PERRL EOMI conjunctivae clear no erythema no discharge
- Oropharynx: moist no erythema/exudate no caries no nasal d/c no boggy turbinates
- Ears: TMs gray/pearly EACs unobstructed pinnae nontender no erythema/discharge
- Chest: clear breath sounds no retractions no axillary/supraclav nodes
- CV: reg rhythm 2+ femoral/periph pulse cap refill < 2 sec no murmur
- Abd: soft nontender no hernia no mass no palpable spleen liver span < 15 cm
- G/U (m): no discharge no lesions 2 scrotal testes
- G/U (f): no discharge no lesions
- Ext/Spine: free ROM gait regular symmetric no swelling no joint swelling/warmth nl scoliosis screen
- Skin: no rash no café au lait spots
- Neuro: DTR 2+/= oriented x 3/4 symmetric facies appropriate affect denies hallucinations

Additional: male circ male uncirc acne; Tanner breast ____ pubic hair ____ genitalia ____
 Females: Pelvic exam: All: no discharge no lesions no adnexal mass/tenderness pap obtained

TEST ORDERS

- Basic metabolic profile
- Hematocrit
- HIV
- PPD (site: R L forearm)
- RPR
- Strep screen
- Urinalysis
- Urine for Aptima Combo 2
- Urine Pregnancy Test

ASSESSMENT & PLAN

- Acne: Benzoyl peroxide _____% gel, apply BID
- Dental caries: Refer to dentist for routine care
- Obesity: Dietary counseling and appropriate diet
- Hypertension: Repeat BP x 3 and RTC if > _____
- Refer to psychiatry for evaluation of drug effects

Attending Documentation
 Reviewed Hx, PFSHx
Additional information:

Examined patient
Additional information:

Discussed case with:
 Resident Patient
Additional information:

Agree with management
 Signature

FOLLOW-UP/RETURN

As needed _____ weeks/months

SIGNATURE