

Name: _____ DOB: _____ NHI/SSN: _____ DOS: _____

SYNAPSE EMR ENCOUNTER

Weight: _____ Height: _____ Temp: _____ BP: _____ M F Age: _____

Reason for visit

Location		Current Meds / Side Effects Reviewed / updated med sheet
Quality		
Duration		
Severity		
Context		
Modifying factors		
Associated signs & symptoms		

History Form: Reviewed / Updated **Medical Surgical Social Family History Allergies**

<p>\ = Negative Circle = Positive</p> <p>Constitutional Fever Chills Night sweats Weight loss Weight gain Fatigue</p> <p>HEENT Pain: eyes ears throat Nasal DC PND Itch Sneeze</p> <p>Lungs Cough Productive Blood SOB Wheeze</p>	<p>Heart Chest Pain SOB with exertion Palpitations Dizziness</p> <p>Gastro-Intestinal Nausea Vomiting Diarrhea Constipation Reflux</p> <p>Musculo-Skeletal Pain Swelling Stiff joints Muscle weakness</p>	<p>Breast Discharge Mass</p> <p>Genital / Urinary Pain Increased frequency Urgency Poor stream Nocturia Incontinence Discharge</p> <p>Skin Rash Ulcers Suspicious moles</p> <p>Blood / Lymph / Vessels Easy bruising Enlarged Nodes Blood clots in legs or lungs</p>	<p>Brain / Nerves Headache Dizziness Numbness Tingling Weakness Memory Loss</p> <p>Endocrine Excessive: thirst urination Intolerance: Heat Cold Hair loss</p> <p>Psychiatric Mood: Anxious Depressed Suicidal thoughts Currently suicidal</p>	<p>LMP Last PAP Last MAMO Last DEXA</p>
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General: Comfortable NAD ill appearing Distress secondary to _____

Skin: Normal Pallor Macule Papule Plaque Patch Nodule Pustule Vesicle Bulla
Lesion: Size _____ Shape _____ Color _____ Epithelial disruption _____

Eyes: Clear Injected Exudate Allergic shiners EOMIB **Abrasion:** Sclera Cornea Foreign Body
Fundi: Clear Papilledema Cataracts

Ears: Normal Cerumen Irritated external canal Red TM Fluid Pus

Nose: Normal Boggy Rhinorrhea Thick mucous

Mouth/Throat: Normal Red Cobblestoning PND Exudate Abscess

Neck: Supple Mass Thyromegaly

Lymphatics: Normal Adenopathy: Auricular Cervical Axilla Inguinal

Resp: CTAB Wheezing Rhonchi _____ Crackles: Fine Coarse
Diminished BS: throughout quadrant _____ Bronchospasm

CVS: RRR Murmur Carotid Bruits L.E. Edema: trace 1+ 2+ 3+

Abdom: Soft NT HeptSpleMeg G/R/RBT **Rectal:** Mass Guaiac + - Hemorrhoid

Neuro: CN 2-12 grossly intact Motor & Sensory grossly intact MSR/DTR = Bilaterally

Psych: A/O x 3 Mood appropriate Flat Affect Anxious

Male: Penis NL Circ DC Hernia Testes/Vas/Epi NT Mass Prostate Sym NT Hypertrophy

Female: Vulva NL Introit NL DC Vagina NL DC CMT Uterus NL Enlarged Adnexa NT

Breast: NL Symmetrical Abnormal mass Fibrocystic Breast Self Exam Instructions

MSK Myofascial Trigger Point Pain = TP	<table border="1"> <tr><td>Somatic Dysfunctions:</td><td>0</td></tr> <tr><td></td><td>A</td></tr> <tr><td></td><td>2</td></tr> <tr><td></td><td>3</td></tr> <tr><td></td><td>4</td></tr> <tr><td></td><td>5</td></tr> <tr><td></td><td>6</td></tr> <tr><td></td><td>7</td></tr> <tr><td></td><td>1</td></tr> <tr><td></td><td>2</td></tr> <tr><td></td><td>3</td></tr> <tr><td></td><td>4</td></tr> <tr><td></td><td>5</td></tr> <tr><td></td><td>6</td></tr> <tr><td></td><td>7</td></tr> <tr><td></td><td>8</td></tr> <tr><td></td><td>9</td></tr> <tr><td></td><td>10</td></tr> <tr><td></td><td>11</td></tr> <tr><td></td><td>12</td></tr> <tr><td></td><td>1</td></tr> <tr><td></td><td>2</td></tr> <tr><td></td><td>3</td></tr> <tr><td></td><td>4</td></tr> <tr><td></td><td>5</td></tr> </table>	Somatic Dysfunctions:	0		A		2		3		4		5		6		7		1		2		3		4		5		6		7		8		9		10		11		12		1		2		3		4		5
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TART = Tender Asymmetry Restriction Texture																																																			

Assessment	Plan	Other
		Signatures:

		I discussed case with resident and agree with plan.
	Return D W M PRN <i>if not improved</i>	