

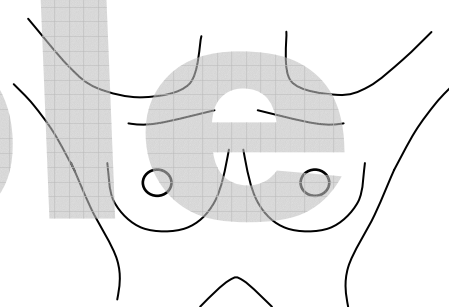
Date: _____ Time: _____ AM PM
 NAME: _____ DOB: _____

ALLERGIES
 see face sheet

"Your Name Here"
 "Clinic Name Here"
Breast Symptoms

HEART: ___WNL ___murmur ___tachy ___PMI displaced____
 ___heave ___thrill_____

BREAST:
 ___left WNL L ___mass ___tenderness ___disch ___ax nodes
 ___right WNL R ___mass ___tenderness ___disch ___ax nodes



ABD : ___WNL ___tender ___organomegaly ___bruits ___mass

SKIN: ___WNL ___redness ___dimpling ___poux d'orange

LYMPH ___WNL ___ax nodes L R _____
 ___cervical nodes ___supraclav nodes

DIAGNOSIS:

Breast Mass	611.72	Angina pectoris	413.9
Breast Pain	611.71	Chest contusion	922.1
FCD Breast	610.1	GERD	530.81
Costochondritis	733.6	Esophagitis	530.10
Chest Pain, precordial	786.51	PMS	625.4
Pleurodynia	786.52	Dysmenorrhea	625.3
Pleurisy, no TB or fluid	511.9	Stress Incontinence	625.6
Irreg Menses	626.4	Peri-Menopausal	627.9
Amenorrhea	626.0	Endometriosis	617.9
IBS	564.1	UTI	599.0
Abd Pain unspc site	789.00	Anxiety generalized	300.2
DUB	626.8	Depression	296.**

Other DX:

TREATMENT: ___mammogram: L R screen L R diagnostic
 ___instructed on SBE ___surg consult ___breast sono ___avoid caffeine

___F/U in ___ D W M WWE due ___ months

___ instructed to call if SX worsen or if new SX develop

___F/U or call if not better / well in ___/___ D W M

Physician Signature
 ___see reverse ___addendum dictated ___> 50% OV in consult mode
 This Doc-U-Chart Template set exclusively licensed to: *****

Historian: ___patient ___other ___good historian ___histrionic
 CC: ___breast pain ___mass ___swelling R L
 ___other: _____
 HPI: Sx began: _____ D W M Y ago ___new ___chronic
 ___trauma HX ___fever ___Hx of FCD ___Sx related to menses
 ___nipple discharge ___skin change ___prior Bx ___FamHx breast CA
 ___HRT / BCP : _____ heavy caffeine use
 ___last Mammo : ___never
 LNMP: ___last pap _____ hyst ___USO / BSO
 G ___P (T P A L) last PG _____

ROS ✓=nl or present \= neg or absent +/- = somewhat circle = abnl

GENERAL/CONST
 ___sleep ___appetite ___fatigued
 ___fever ___malaise ___wt loss

GU
 ___vag disch itching _____
 ___urine problem ___irreg menses

CARDIAC
 ___chest pain often rare mild severe
 ___palp ___dizzy ___chest heaviness
 ___DOE ___edema

___hot flashes ___night sweats
 ___pelvic / flank pain
 ___freq UTI's ___stones

RESPIRATORY
 ___asthma ___smoker
 ___bronchitis ___pneumonia
 ___TB ___cough ___SOB ___wheeze

ENDOCRINE
 ___prior breast pain swelling mass
 ___dry skin ___lethargy ___wt gain
 ___neck fullness
 ___swallowing trouble

VITAL SIGNS
 BP ___/___ PULSE ___ WT: ___ T: ___

PHYSICAL EXAM ✓ = normal or present \ = negative circle = abnl finding

APPEARANCE ___alert ___NAD ___NAI ___neat ___pleasant ___cheerful
 ___anxious ___depressed ___unkempt ___in pain mod sv
 ___appears ill ___fatigued ___histrionic ___obese ___slender
 ___Cauc ___Black ___Hisp ___Asian ___Other M F

HEENT:
 ___head inspection nml ___pain on percussion over sinuses
 ___mouth / gums nml ___paleness ___ulcerations _____
 ___post. pharynx nml ___pharyngeal erythema ___tonsil exudate

NECK: ___nml ___goiter ___adenopathy ___bruits

CHEST:
 ___breath snds nml ___rales ___rhonchi ___wheezes insp exp
 ___nml excursion ___stridor ___resp distress ___acc muscle use
 ___nml to percussion

ROS additional

DERM

__rash_____

__pruritis_____
__lesion_____

GI

__indigestion __abd pain __N / V_____

__Stools normal_____
__loose BRB melena change_____

HEME / LYMPH

__bruising_____
__bleeding_____
__swollen nodes/ "glands"_____

ENT

__hayfever __seasonal allergy_____

__tinnitus __HOH_____
__freq URI's_____

EYES

__pain __decreased vision_____
__irritation __discharge_____

NEURO

__HA unilateral holocranial
facial / sinus post cervical
sharp dull throbbing aching
stress related vision SX aura
__times per D W M Y_____
__last __min hrs days_____
__unilateral N T W_____
__tremor_____
__dizzy __poor balance_____

MUSCULOSKELETAL

__Hx of RA OA SLE_____
__myalgias_____
__joint : heat redness swelling pain_____

__pedal edema __claudication_____

PSYCH

__depression_____
__anxiety_____

PMH __reviewed, see form __unchanged from previous documentation

HTN DM CHF MI Heart Disease PUD GB Hepatitis
CA Pneumonia TB Anemia Asthma FCD RA SLE OA Thyroid

Hospitalizations: _____ recent _____

Surgeries _____

SH __reviewed, see form __unchanged from previous documentation

__smoker _____ 2nd hand smoke _____
__ETOH: never seldom occl frequent_____
__Married __single __divorced __widow_____
__employed_____

FH __reviewed, see form __unchanged from previous documentation

DM HTN CA _____ Hayfever PUD GB
Hepatitis High Chol MI Vascular Disease CVA

Subsequent notes

Other Problems:

#1 _____ ONSET _____

#2 _____ ONSET _____

X-RAY:

__report dictated __films sent out