

Date: _____ Time: _____ AM PM

NAME: _____ DOB: _____

Historian: patient other _____ reliable

CHIEF COMPLAINT: neck back pain *posterior anterior*
upper lower mid sharp dull aching electric

HPI: BEGAN: _____ D W M ago new chronic recurring
 _____ trauma HX _____
 _____ upper arm forearm hand finger *pain / numbness / dysesthasias*

 _____ Work related _____
 _____ prior X-rays or w / u _____
 _____ similar symptoms in past _____
 _____ recently seen or treated elsewhere _____
 _____ treatment _____
 _____ response _____

ALLERGIES
 _____ see face sheet

Your Name Here
 Your Clinic Name or Specialty Here
 Neck & Upper Back Pain

NECK
 _____ nml to palpation
 _____ supple all directions
 _____ no muscle spasm
 _____ no masses / bruits

BACK:
 _____ nontender to palp
 _____ no muscle spasm

EXT:
 _____ no joint swelling
 _____ no joint redness

NEURO:
 _____ fine / motor nl
 _____ sensory normal
 _____ gait normal
 _____ DTR's _____ / 4+

_____ goiter _____
 _____ lymphadenopathy _____
 _____ diminished ROM _____
 _____ tender on palpation _____

 _____ tenderness _____
 _____ muscle spasm _____

 _____ swelling redness pain of _____

 _____ decr. ROM _____

 _____ weakness _____ abnl DTR's _____ tremor _____

 _____ sensory / motor deficit _____

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

GENERAL/CONST
 _____ fever / chills _____
 _____ depression/sleep trouble _____
 _____ malaise / fatigue _____
 _____ wt loss _____
 _____ rash _____

RESPIRATORY
 _____ asthma _____ smoker _____
 _____ bronchitis _____ pneumonia _____
 _____ TB _____ cough _____ SOB _____ wheeze _____

ENT
 _____ hayfever _____ nasal allergies _____
 _____ freq URI's _____
 _____ HOH tinnitus _____

MUSCULOSKELETAL
 _____ Hx of RA OA disc disease _____
 _____ myalgias _____
 _____ hot red swollen joints _____
 _____ edema _____

NEUROLOGIC
 _____ HA *uni lateral holocranial*
facial / sinus post cervical
sharp dull throbbing aching
vision Sx aura N/V stress light sens

_____ times per D W M Y
 _____ last _____ min hrs days
 _____ burning pain _____ numbness _____
 _____ seizures _____ dizziness _____
 _____ unilateral N T W _____
 _____ memory _____ tremor _____ strength _____

VITAL SIGNS
 TEMP _____ ORAL RECTAL BP _____ / _____
 PULSE _____ RESP _____ WT: _____

PHYSICAL EXAM
 APPEARANCE alert NAD NAI pleasant neat unkempt
 depressed anxious appears ill obese slender frail
 tired in pain *mild mod severe* histrionic flat affect
 Cau Black Hisp Asian Other M F

HEENT
 _____ WNL _____
 _____ TM's, nose, pharynx nl _____

DIAGNOSIS:

Sprain of Neck	847.0	Osteoporosis, senile	733.01
Sprain of Shoulder Unspec	840.9	Compression / Path FX vert	733.13
Sprain Thoracic	847.1	Cervicalgia	723.1
Contusion Back General	922.31	Thoracic spine pain	724.1
Contusion Back Interscapular	922.33	Backache Unspecified	724.5
Superficial injury Back	911.*	Cervical disc degeneration	722.4
Superficial Injury Neck	919.*	Thoracic disc degeneration	722.51
OA Gen ; Back or Neck	715.08	Cervical disc no myelopathy	722.0
OA Primary Shoulder	715.11	Thoracic " " "	722.11
OA Primary Neck	715.18	Cervical disc w / myelopathy	722.71
Rheumatoid Arthritis	714.0	Thoracic " " "	722.72
Torticollis spasmodic	333.83	Unspec Neck MuscSkel Disor	723.9

OTHER :
 TREATMENT: rest of painful area hot soaks heat
 off work / PE for _____ D W Physical Therapy _____
 ibuprofen _____ mg tid after meals consult : _____

_____ F / U or call if not better / well in _____ / _____ D W M
 _____ F / U in _____ D W M
 instructed to call if SX worsen or if new SX develop

Physician Signature
 _____ see reverse addendum dictated > 50% OV in consult mode
 This Doc-U-Chart Template set exclusively licensed to: *****

ROS additional

DERM

__rash_____

__pruritis_____
__lesion_____

EYES

__pain __decreased vision
__irritation __discharge_____

GI

__indigestion __abd pain __N / V

__Stools *normal*
loose BRB melena change

HEME / LYMPH

__bruising_____
__bleeding_____
__swollen nodes/ "glands"_____

CARDIAC

__chest pain __heaviness __palp

__edema __claudication

GU

__dysuria __urgency __frequency
__UTI Hx __stones __flank pain
for women: __vag disch / itch
__pelvic pain
for men: __hesitancy __nocturia
__impotence __weak stream

ENDOCRINE

__POLY uria dipsia phagia

__dry skin, sluggishness, wt gain
__breast or skin lumps / tenderness

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 Arthritis 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 High Chol MI Vascular Disease
CA _____ PUD GB Hepatitis Thyroid disease

Subsequent Notes

Other Problems

#1 _____ Onset _____

#2 _____ Onset _____

X-RAY:

__report dictated __films sent out