

Date: _____ Time: _____ AM PM

NAME: _____ DOB: _____

Historian: ___patient_____ ___reliable_____

CC: pain swelling numbness weakness trauma R L both
 shoulder arm elbow forearm wrist hand thumb finger(s)

HPI: began _____ D W M Y ago ___new___recurring
 trauma Hx _____

___treatment so far:_____

___response_____

___prior X-rays or w / u ___Work related _____

___recently seen or treated elsewhere_____

___similar symptoms in past_____

ALLERGIES
 ___see face sheet

"Your Name Here"
 "Clinic Name Here"
 Upper Extremity Adult

NECK
 ___WNL_____

CVS:
 ___regular rate,rhythm_____
 ___heart sounds nml_____

EXT:
 ___nl shoulder R L
 ___nl upper arm R L
 ___nl elbow R L
 ___nl wrist R L
 ___nl hand R L
 ___nl fingers R L

NEUROVASCULAR:
 ___peripheral pulses nl_____
 ___fine motor nl_____
 ___motor normal_____
 ___sensory normal_____
 ___gait normal_____

___goiter ___lymphadenopathy ___decr ROM

___murmur ___irreg ___PMI abnl

___swelling redness pain at _____

___decr. ROM_____

___trigger points at _____

___effusion *small large* of _____

___Tinel's (+) R L ___Phalen's (+) R L
 ___abnl pulses ___weakness ___abnl DTR's
 ___sensory deficit ___abnl fine motor

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

GENERAL/CONST
 ___sleep ___appetite ___fatigued

___malaise ___active
 ___exposure to illness_____
 ___shingles HX_____

DERM
 ___rash ___ecchymosis ___lesion
 ___pruritis_____

CARDIAC
 ___chest pain ___palp ___edema

___claudication_____

PSYCH
 ___depression_____
 ___anxiety_____

MUSCULOSKELETAL
 ___Hx of RA OA SLE
 ___myalgias ___fibromyalgia
 ___joint: *heat redness swelling pain*

___pedal edema ___LBP_____

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

___vision trouble ___dizziness

___unilateral N T W
 ___memory ___tremor ___strength

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

PHYSICAL EXAM
APPEARANCE ___alert ___NAD ___NAI ___pleasant ___neat ___anxious
 ___drowsy ___appears ill ___tired ___in pain *mild mod severe*
 ___depressed ___flat affect ___unkempt ___slender ___obese
 ___Cauc ___Black ___Latin ___Asian ___Other M F

DIAGNOSIS:

SPRAIN		BURSITIS / TENDONITIS	
Scap shoulder upper arm	840.*	Rotator cuff synd	726.10
Elbow Wrist	841.*	Biceps tendonitis	726.12
hand fingers	842.*	Calcific tendonitis	726.11
INJURY		Subacromial bursitis	726.19
Abrasion:	91*. **	Carpal Tunnel Syndrome	354.0
Contusion: upper limb	923.*	Lat Epicondylitis	726.32
OA	715.**	DeQuervain's	727.04
RA	714.0	Ganglion cyst, unspec	727.4*
Arthralgia	719.*	Tenosynovitis, unspec	727.00
Traumatic Arthritis	716.1*	FRACTURE	81*. **
Limb pain unspsec	729.5	Muscle fatigue	729.89
Ulnar / Radial neuritis	723.4	Limb swelling	729.81

OTHER DX:

TREATMENT: ___rest of painful area ___hot soaks ___heat ___wrist splint
 ___off work / PE for _____ D W ___PT_____

___NSAID_____ ___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

GI
__indigestion __abd pain __N / V

__Stools *normal*
loose BRB melena change

ENT
__hayfever __nasal allergies
__sneezing __freq URI SX

RESPIRATORY

__asthma __smoker
__bronchitis __pneumonia
__TB __cough __SOB __wheeze

EYES
__pain __decreased vision
__irritation __discharge

GU
__dysuria __urgency __incont
__stones __freq UTI's
__flank pain

HEME / LYMPH
__bruising __bleeding __anemia
__swollen nodes/ "glands"

ENDOCRINE
__POLY *uria dipsia phagia*
__dry skin, sluggishness, wt gain
__breast lumps / tenderness

PROCEDURE NOTE

__Alcohol prep __Betadine prep

Other Problems:

#1 _____ ONSET _____

#2 _____ ONSET _____

X-RAY:

__report dictated __films sent out

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 _____