

**Emmanuel Christian Health Center "Sick Today" Acute Care Work-in H & P** revised Aug 2015

Your careful responses to the following questions will help us provide you the best care possible.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Question	
<b>Sick Today?</b>	Describe your sickness and symptoms in your own words:
Duration	How long have you been sick? ___ days ___ 1 week ___ weeks ___ 1 month ___ months ___ years
Main problem	Check if your main problem is: chest pain___ cold/flu___ bronchitis___ sore throat___ dizzy spells___ bladder infection___ sinus infection___ stomach pains___ skin rash___ blood pressure___ refills___
symptom review	Check if you have: cough___ yellow or green mucus___ fever___ chills___ sore throat___ headache___ chest pain___ shortness of breath___ ears hurt___ sinus congestion___ wheezing___ runny nose___ sneezing___ pain or burning when urinating___ frequent urination___ blood in urine___ vaginal itching___ vaginal discharge___ back pain___ nausea___ vomiting___ diarrhea___ skin rash___ list other symptoms:
Allergy review	Check if you're allergic to: No allergies___ Penicillin___ Sulfa___ Aspirin___ Codeine___ Iodine___ Latex___ List all allergies to other drugs:
Medicine List	<b>Please give us an up to date list of names and dosages of all medicines you are taking:</b>
Medical History	Check if you <i>have now or ever had</i> : ___ stroke <sup>436</sup> ___ heart attack <sup>412</sup> ___ COPD <sup>496</sup> ___ blocked arteries in your heart <sup>41401</sup> ___ diabetes <sup>25000</sup> ___ high blood pressure <sup>4011</sup> ___ high cholesterol <sup>2720</sup> ___ asthma <sup>49390</sup> ___ underactive thyroid <sup>2449</sup> ___ breast cancer <sup>1749</sup> ___ prostate cancer <sup>185</sup> other cancer (type):
Medical History	Have you ever had any other serious medical problems? No___ Yes___ If yes, please list them:
Surgery History	What surgeries have you had? heart bypass___ heart valve___ tonsils out___ gallbladder out___ appendix out___ uterus out___ others (list them):
Social History	Tobacco: never smoked___ quit smoking___ when? _____ still smoke___ ___ packs a day want to quit smoking___ Alcohol use: never___ ex-drinker___ occasional___ social___ light___ heavy___
Females	Is there a chance you could be pregnant? No___ Yes___ Not Sure___ Date of last period _____

**ADDITIONAL PERTINENT HX & EXAM---STAFF ONLY WRITE BELOW THIS LINE**

CC/HPI: \_\_\_\_\_

Weight \_\_\_\_\_ lbs. BP \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_ Temp. \_\_\_\_\_ °F PO2 \_\_\_\_\_ Resp. \_\_\_\_\_ Vitals by: \_\_\_\_\_

<b>GENERAL:</b> ___ Acutely ill ___ Chron. ill ___ NAD	<b>HEENT:</b> ___ NC/AT ___ No Red or pink eye ___ PERRLA ___ NI Funduscopic ___ NI TM and ear canal Nares: ___ NL ___ boggy	<b>ABD:</b> ___ BS NL ___ soft ___ nontend. ___ tender in ___ LLQ ___ RLQ ___ epig. ___ LUQ ___ RUQ ___ no HSM ___ no masses	<b>EXTREMITIES:</b> ___ No C/C/E edema in ___ LLE trace 1+ 2+ 3+ edema in ___ RLE trace 1+ 2+ 3+ ___ DP pulses NL ___ no cords	<b>NEURO:</b> ___ A & O x 3 ___ strength 5/5 arms ___ strength 5/5 legs ___ CNs 2-12 intact ___ DTRs nl & symm ___ sensory nl lt touch
<b>RESP:</b> ___ NI Resp. effort ___ No rales ___ No wheezes or rhonchi ___ No egophony	<b>Throat:</b> ___ NL ___ Red <b>Sinuses:</b> ___ NT ___ tender ___ frontal ___ maxillary ___ Lt. ___ Rt. ___ Bil.	<b>BACK:</b> ___ No CVAT ___ paraspinous muscles NT ___ spine nontender SLR _____ degrees on Lt. SLR _____ degrees on Rt.	___ DP pulses NL ___ no cords <b>SKIN:</b> ___ No rashes ___ Normal turgor	<b>OTHER FINDINGS:</b>
<b>CV:</b> ___ RRR ___ No M/R/G ___ /6 SEM @ _____ ___ No Carotid bruits ___ No Abdominal bruits				

**Dx:** back pain 724x bronchitis4660 CAD41401 chest pain7865X cold4659 cough7862 DMII2500X diarrhea78791 dizzy7804 dysuria7881  
dyspnea78605 fever7806x flu487x HTN401x nausea7870x pneumonia486 sinusitis461x sore throat462 UTI5990 other dx/see EHR\_\_

**Circle tests ordered:** U/A dip U/A micro Urine C&S quik-STREP EKG Holter BMP CMP CBC w/ Diff Chest X-ray

**Tx orders:** \_\_\_ Albuterol by nebulizer \_\_\_ Ipratroprium by nebulizer \_\_\_ flu shot \_\_\_ Pneumovax \_\_\_ Ceftriaxone (Rocephin) 1 gm I.M.

\_\_\_ Clonidine 0.1 mg p.o. \_\_\_ Ketorolac (toradol) \_\_\_ mg IM \_\_\_ Promethazine (phenergan) \_\_\_ mg IM \_\_\_ see Rxs and orders in EHR

RETURN VISIT IN: \_\_\_\_\_ DAYS \_\_\_\_\_ WEEKS \_\_\_\_\_ MONTHS \_\_\_\_\_ PRN

Signature \_\_\_\_\_ Courtland L. Munroe, M.D. \_\_\_\_\_ Vivian J. Woodard, MD