MODEL EXAMINATION TEMPLATE – New or Established Patient

Patient name_____ Age_____ Pt #_____ Date_____

Reason for today's visit: (Chief Complaint)

HPI (location, quality, severity, duration, timing, context, modifying factors, assoc signs & symptoms):

Allergies:

Current medications:

Current or past problems with: (Review of systems)

	Yes	No (if yes, explain)
General Health	☐	☐
Eyes	☐	☐
Ears/Nose/Throat/Mouth	☐	☐
Heart	☐	☐
Lungs	☐	☐
Stomach/bowel	☐	☐
Kidneys	☐	☐
Arthritis/muscles/joints	☐	☐
Skin	☐	☐
Headaches/seizures	☐	☐
Psychological disorder	☐	☐
Thyroid/diabetes	☐	☐
Blood/bleeding disorder	☐	☐

Females: are you pregnant? __Yes __No planning to become pregnant? __Yes __No

**Established Patient: PFSH of_____ (date) reviewed_____

No additions or changes _____

Family History: (Past family & social history)

Mother: living/deceased_____ age____ Father: living/deceased_____ age____

No of children____ age(s) _____

Check following medical conditions that have occurred in patient and/or related family:

Disease	Patient	Parents	Blood Relations
Allergies	☐	☐	☐
Arthritis	☐	☐	☐
Asthma	☐	☐	☐
Cancer	☐	☐	☐
Diabetes	☐	☐	☐
Eczema	☐	☐	☐
Hayfever	☐	☐	☐
Heart disease	☐	☐	☐
High blood pressure	☐	☐	☐
Lung disease	☐	☐	☐
Malignant Melanoma	☐	☐	☐
Psoriasis	☐	☐	☐
Skin cancer	☐	☐	☐
Tuberculosis	☐	☐	☐

Social History:

Do you live alone? __No __Yes Married_____ Do you smoke? __No __Yes-frequency_____

Do you drink alcohol? __No __Yes-frequency_____

Do you use recreational drugs? __No __Yes-frequency_____

Occupation