

HISTORY/PHYSICAL/PROGRESS NOTES
Louisville, KY 40202

Date: 1/10/13 Reporting Physician:

GASTROENTEROLOGY/HEPATOLOGY FOLLOW-UP CLINIC NOTE

Information From
 PATIENT FAMILY CAREGIVER

REASON

1. ILLNESS Main sign/symptom (0/1/1/4/4) (location, quality, severity, duration, timing, context, modifiers, associated signs/symptoms)

2. ROS Checked areas () were explored, but negative, areas numbered (#) were positive as described (0/0/s d /2/10)

Constitutional _____, Skin _____, Eyes _____, ENMI _____, Resp _____, CV _____, GI _____, GU _____, Musculoskeletal _____, Lymph _____, Neuro _____, Psych _____, Endocrine _____, Immune _____

Positives:

3. Past History (0/0/0/1/3) Past _____, Family _____, and Social _____ was unchanged from _____ when checked

PAST	Meds <input type="checkbox"/> None <input type="checkbox"/> Listed	NEW Allergy <input type="checkbox"/> None <input type="checkbox"/> Listed	NEW Dx/Surg <input type="checkbox"/> None <input type="checkbox"/> Listed	NEW Vaccine <input type="checkbox"/> None <input type="checkbox"/> Listed	<input type="checkbox"/> Other
	ETOH <input type="checkbox"/> None <input type="checkbox"/> Listed	Tobacco <input type="checkbox"/> None <input type="checkbox"/> Listed	Rec. Drug <input type="checkbox"/> None <input type="checkbox"/> Listed	Abuse <input type="checkbox"/> None <input type="checkbox"/> Listed	
SOCIAL					
FAMILY	New Dz in Family <input type="checkbox"/> None <input type="checkbox"/> Listed	<input type="checkbox"/> Other			

LIST:

