NURSE VISIT

INITIAL ASSESSMENT

Chief Complaint:

Vitals

- Blood pressure cuff used: □ Adult Standard □ Adult Small □ Adult Large □ Thigh
- Pregnant: □ yes □ no

Comments

☐ Medications entered by MA
Undersignature: Click here to sign

SUBJECTIVE

HPI

Enter text here

Current OTC and Product Use

This area is for documentation of OTC medication used for a limited time. If an OTC medication is used on a daily or chronic pm basis it should be entered in Medications per AAAHC.

- aspirin
- acetaminophen
- acetaminophen
- NSAID
- anthistamine
- decongestant
- cough suppressant
- combination remedy for URI symptoms
- sinus rinse
- eye drops
- anti-diarrhea or anti-nausea medication
- laxative
- PPI or H2blocker
- wart treatment
- herbal/homeopathic/supplemental preparation
- other

Enter text here

Medications (required)

☐ Medications not reviewed

Enter text here

Allergies (required)

Enter text here

RN signature: Click here to sign

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Disprosion (required)
Return visit:

- Follow-up PRN
- Return prn if worsening or persistent symptoms

Provider Consult

Additional HPI

Additional Physical Exam

Physical Exam

<table>
<thead>
<tr>
<th>Skin</th>
<th>Normal</th>
<th>Abnormal</th>
<th>Not Examined</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eyes</td>
<td>Normal</td>
<td>Abnormal</td>
<td>Not Examined</td>
</tr>
<tr>
<td>Ears</td>
<td>Normal</td>
<td>Abnormal</td>
<td>Not Examined</td>
</tr>
<tr>
<td>Nose</td>
<td>Normal</td>
<td>Abnormal</td>
<td>Not Examined</td>
</tr>
<tr>
<td>Mouth, teeth, throat</td>
<td>Normal</td>
<td>Abnormal</td>
<td>Not Examined</td>
</tr>
<tr>
<td>Neck</td>
<td>Normal</td>
<td>Abnormal</td>
<td>Not Examined</td>
</tr>
<tr>
<td>Chest</td>
<td>Normal</td>
<td>Abnormal</td>
<td>Not Examined</td>
</tr>
<tr>
<td>Lungs</td>
<td>Normal</td>
<td>Abnormal</td>
<td>Not Examined</td>
</tr>
<tr>
<td>Heart</td>
<td>Normal</td>
<td>Abnormal</td>
<td>Not Examined</td>
</tr>
<tr>
<td>Abdomen</td>
<td>Normal</td>
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<tr>
<td>Back</td>
<td>Normal</td>
<td>Abnormal</td>
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</tr>
<tr>
<td>Extremities</td>
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<tr>
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</tbody>
</table>

Assessment/Plan

For Nurse Visit consults the consulting provider must enter the correct Encounter Code based on their involvement and the nature of the visit. The provider must also sign the note. The signature below is optional.

Provider signature:  

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Transcription

For STAT transcription requests (turn around time within an hour) you must enter 6 on your telephone keypad (instead of 5) to end the call AND you must call Amphon at 826-6400 to leave a message informing them you have a pending STAT dictation. Include the T-link and other identifying information in the message. Contact HIM staff if you do not receive the transcription within an hour.