TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER™
From here, it's possible.

Texas Tech University Health Sciences Center - El Paso, TX
Downtime Progress Note

Visit Type New ( ) Follow Up ( )
Clinic:_____ Date_____
Allergies: _____
Temp_____BP_____Pulse_____Resp._____Head Circumference:_____
Height_____Weight _____ Weight change_____ Length:_____
% Height_____%Weight_____
BMI_____ Preferred Language_____
Smoking Status: _____

OB Hx: G_____P_____A_____

Meds 1._____ 5._____ 9._____

2._____ 6._____ 10._____

3._____ 7._____ 11._____

4._____ 8._____ 12._____

PMHx, PSHx

1._____ 4._____ 7._____

2._____ 5._____ 8._____

3._____ 6._____ 9._____

SocialHx:_____

CC:_____

HPI:
_____
_____
_____

ROS

	Yes	No		Yes	No		Yes	No
Headache	☐	☐	Nausea/Vomiting	☐	☐	Dizziness	☐	☐
Blurry vision	☐	☐	GERD	☐	☐	Weakness	☐	☐
Decreased Hearing	☐	☐	Diarrhea	☐	☐	Numbness	☐	☐
CP	☐	☐	Constipation	☐	☐	Forgetfulness	☐	☐
Palpitations	☐	☐	Change in Appetite	☐	☐	Joint Pain	☐	☐
SOB/DOE	☐	☐	Abdominal Pain	☐	☐	Claudications	☐	☐
PND/Orthopnea	☐	☐	Polyuria/Polydipsia	☐	☐	Sexual Dysfunction	☐	☐
Cough	☐	☐	Dysuria	☐	☐	Depression	☐	☐

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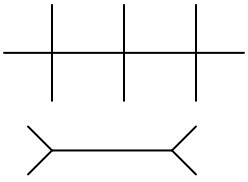
PE	N'l	Abn'l			N'l	Abn'l	
General Apperance	☐	☐	_____	Breast exam	☐	☐	_____
Vital Signs	☐	☐	_____	axillae	☐	☐	_____
Eyes Conjunctivae	☐	☐	_____	Abdomen	☐	☐	_____
Pupils	☐	☐	_____	Liver/spleen	☐	☐	_____
Fundi	☐	☐	_____	Tenderness	☐	☐	_____
Nose	☐	☐	_____	Rectal	☐	☐	_____
Ear Canal/TMs	☐	☐	_____	Hemoccult	☐	☐	_____
Mouth/Pharynx	☐	☐	_____	Scrotum/Penis	☐	☐	_____
Dentition/Gums	☐	☐	_____	Prostate	☐	☐	_____
Carotids	☐	☐	_____	Muscle strength	☐	☐	_____
JVD	☐	☐	_____	Gait	☐	☐	_____
Neck	☐	☐	_____	Extremities/Joints	☐	☐	_____
Thyroid	☐	☐	_____	Skin inspection	☐	☐	_____
Heart Palpation	☐	☐	_____	Cranial Nerves	☐	☐	_____
Rhythm/rate	☐	☐	_____	DTR's	☐	☐	_____
Murmur/rub	☐	☐	_____	Sensation/Monofilament	☐	☐	_____
Lung Effort	☐	☐	_____	Pulses	☐	☐	_____
Auscultation	☐	☐	_____	Judgment	☐	☐	_____
Percussion	☐	☐	_____	Mental Status	☐	☐	_____

Labs



SGOT_____
SGPT_____
Alk Phos _____
T. Bili_____
Alb_____

HbA1C_____
TSH_____
Urine Micro/
24hr prot_____

TChol_____
HDL_____
Trig_____
LDL_____

Imaging:_____
_____
_____

Vaccines

Flu_____ Pneumovax _____Vaccines up to date for Peds_____

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A/P_____

Counseling: Check if counseled this visit

☐ Breast self exam/testicular exam ☐ Birth control ☐ Tobacco Cessation ☐ Discussed Advanced Directive
☐ Seat Belts ☐ STD protection ☐ Alcohol Moderation Has directive yes ☐ no ☐

F/U or Lab check in _____

_____M.D.

Staff:

☐I was present with the resident. I agree /disagree with the Dr. _____ history and physical examination with following comments and additions:

☐I have seen and examined this patient. I agree /disagree with Dr. _____ history and physical examination with following comments and additions:

Supervising Physician:_____M.D. Date: _____

Rev 10/26/11