

Case Development Form for Medical Record (Adult)

Patient Name: _____ Age ____ Sex ____ Chart# _____
(Last name, First name)

ENCOUNTER SITUATION

Reason for visit

Chief Complaint/Symptoms/Vital Signs

Patient Concerns

Patient Agenda

MEDICAL RECORD**Demographics:**

PATIENT: LastName:	Firstname:	CHART#:
Gender:	Employer:	Insurance:
Race:	Address:	
Ethnicity:	Phone:	
Preferred Language:		
Marital Status:		
DOB:	Age:	

SUMMARY DATA**Active Problems/Chronic Diseases** (include ICD-9)

Stable

Unstable

Resolved Problems

Interventions Major studies or tests, for example most recent MRI, Endoscopy, angiogram, echocardiogram with a comment on results

Medications Include dosage, SIG, Dx**Prescriptions:**

OTC/Non-prescription:

CAM/Supplements:

Potential Medication Interactions:

Surgeries include date**Medication Allergies****Tobacco use****Social History** (including but not limited to)

Case Development Form for Medical Record (Adult)

3

Alcohol or Recreational Drug use
 Cultural Background
 Living situation/marital status/children
 Activity/Exercise
 Economic Status/Employment/Education
 Occupational Hazards
 Advanced Directives

Family History Identify pertinent conditions, relationship to patient, age at onset , living/dead
There is a family history of (i.e. Cancer, Hypertension...)

Vital Signs Flow Sheet

Date								
Ht								
Wt								
BMI								
Temp								
BP								
Pulse								
RR								
Head Circum								
O ₂ Sat								

Lab/Test Results

Test	Date/Results							

Microbiology, X-ray and other Path Reports

Date	Test	Result	Date	Test	Result
------	------	--------	------	------	--------

Case Development Form for Medical Record (Adult)

Consultations

Date	Specialty	Report/Findings/Recommendations

Reminder System: Age, Gender and Chronic Disease Appropriate Items Pt Age____ Gender____

Encounter Notes from Previous Visits (Type in)

Encounter Note

Date of Visit:	
Title	

SUBJECTIVE

Chief Concern(s) or Reason for Visit:
 History of the present Illness
 Review of systems (pertinent)

OBJECTIVE

Vital Signs

Physical Exam (pertinent)

- General
- HEENT
- Chest
- Cardiovascular
- Abdomen
- GU
- Musculoskeletal
- Neurological
- Dermatologic
- Psych
- Functional Assessment

Laboratory

Diagnostic study results

Assessments (Include your thought process)

- Acute Problems
- Chronic Diseases
- Health Maintenance

Plan Comment on each assessment

Medications

Follow Up

Encounter Note

Date of Visit:

Title

SUBJECTIVE

- Chief Concerns(s) or Reason for Visit:
- History of the present Illness
- Review of systems (pertinent)

OBJECTIVE

Vital Signs

Physical Exam (pertinent)

- General
- HEENT
- Chest
- Cardiovascular
- Abdomen
- GU
- Musculoskeletal
- Neurological
- Dermatologic
- Psych
- Functional Assessment

Laboratory

Diagnostic study results

Assessments (Include your thought process)

- Acute Problems
- Chronic Diseases
- Health Maintenance

Plan Comment on each assessment

Medications

Follow Up

Encounter Note

Date of Visit:

Title

SUBJECTIVE

- Chief Concern(s) or Reason for Visit:
- History of the present Illness
- Review of systems (pertinent)

OBJECTIVE

Vital Signs

Case Development Form for Medical Record (Adult)

Physical Exam (pertinent)

- General
- HEENT
- Chest
- Cardiovascular
- Abdomen
- GU
- Musculoskeletal
- Neurological
- Dermatologic
- Psych
- Functional Assessment

Laboratory

Diagnostic study results

Assessments (Include your thought process)

- Acute Problems
- Chronic Diseases
- Health Maintenance

Plan Comment on each assessment

Medications

Follow Up