

Case Development Form for Medical Record (Geriatric)

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

ENCOUNTER SITUATION

Reason for visit

Chief Complaint/Symptoms/Vital Signs

Patient Concerns

Patient Agenda

Paste pertinent images here:

MEDICAL RECORD**Demographics:**

PATIENT: LastName:	Firstname:	CHART#:
Gender:	Employment status:	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)

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Microbiology, X-ray and other Path Reports

Date	Test	Result	Date	Test	Result

Consultations

Date	Specialty	Report/Findings/Recommendations

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Encounter Notes from Previous Visits (Type in)

Encounter Note

Date of Visit:	
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Title	
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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:	
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