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| --- |
| Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_ |
| Allergies: |
| Chief Complaint: |
| Past Medical/Surgical History: |
| Medications: |
| Presenting Vitals: BP:\_\_\_\_\_\_\_\_\_\_\_\_ HR: \_\_\_\_\_\_\_ Temp: \_\_\_\_\_\_\_ RR: \_\_\_\_\_\_\_\_ Sp02: \_\_\_\_\_\_\_\_ |

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| --- | --- | --- |
| Physical Exam |  | Other Notes: |
| Cognitive: | **AAOx\_\_\_\_\_** Cooperative Agitated  Lethargic Confused Unconscious |  |
| Cardiovascular | **RRR Normal S1,S2**  Irregular Rate Irregular Rhythm Chest Pain Murmur |  |
| Respiratory | **Symmetrical Non Labored CTA**  Rales Rhonchi Wheeze Diminished  Labored |  |
| GI/GU | **Unremarkable**  Tender Distended Rigid Rebound Masses |  |
| Musculoskeletal | **WNL** deformity \_\_\_\_\_\_\_\_\_\_ |  |
| Skin | **Warm, Dry, Intact**  Cyanotic Pale  Jaundice Clammy Diaphoretic |  |
| Psychiatric | **Denies SI/ HI**  Hallucinations Delusions |  |
| Other Notes: | | |

Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_

| Date | Time | Clinical Progress Notes |
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