

TM-Urinary symptoms (100190)

Category: Symptoms

Scheduled appt type: _____

CC urinary problems
HPI History of urinary problems in past:
freeform ROS _____

Structured ROS

Pert: fever/chills	_____
Pert: weight loss or gain	_____
Pert: nausea	_____
Pert: vomiting	_____
Pert: constipation	_____
Pert: localized abdominal pain	_____
Pert: diffused abdominal pain	_____
Pert: decreased appetite	_____
Pert: dysuria	_____
Pert: urinary frequency	_____
Pert: flank pain	_____
Pert: change in urinary stream	_____
Pert: enuresis	_____
Pert: urge incontinency	_____
Pert: bloody, tea colored or dark urine	_____
Pert: history of UTIs	_____
Pert: vaginal irritation or discharge	_____
Pert: Exposure to hot tub or bubble bath	_____
Pert: polydipsia	_____
Pert: polyuria	_____
Pert: weight change	_____

Structured exam

Remaining template documentation elements

Counseling:	
Coordination of Care:	
Diagnosis:	()
Assessment:	
Plan:	
Patient Instructions:	

Remaining workflow elements

Procedures

Orders