

# TM-Fatigue (100184)

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## Category: Symptoms

Scheduled appt type: \_\_\_\_\_

CC                   tired/fatigued

HPI                   \_\_\_\_\_

freeform ROS \_\_\_\_\_

## Structured ROS

Pert: fever/chills	_____
Reports: not sleeping well	_____
Pert: not sleeping well	_____
Reports: fatigue	_____
Pert: malaise	_____
Pert: night sweats	_____
Pert: change in visual acuity	_____
Pert: daytime cough	_____
Pert: dyspnea on exertion	_____
Pert: nighttime cough disturbing sleep	_____
Pert: wheezing or difficulty breathing	_____
Pert: fainting during exercise	_____
Pert: feeling dizzy during exercise	_____
Pert: history of relative with unexplained sudden death	_____
Pert: palpitations	_____
Pert: chest pain	_____
Pert: change in exercise tolerance	_____
Pert: nausea	_____
Pert: vomiting	_____
Pert: diarrhea	_____
Pert: localized abdominal pain	_____
Pert: blood in stool	_____
Pert: unexplained weight loss	_____
Pert: diffused abdominal pain	_____
	_____

Pert: decreased appetite	
Pert: bloody, tea colored or dark urine	
Pert: menorrhagia	
Pert: irregular periods	
Pert: pain in joints but no visible swelling or redness	
Pert: pain in joints with swelling and redness	
Pert: muscle aches (myalgias)	
Pert: rashes or dry skin	
Pert: hair loss	
Pert: pigmentation changes	
Pert: easy bruising	
Pert: history of anemia	
Pert: family history of bleeding diatheses	
Pert: polydipsia	
Pert: polyuria	
Pert: headaches that are worse in the morning	
Pert: morning vomiting	
Pert: headaches increasing in severity or frequency	
Pert: feeling sad	
Pert: recent stressors home/school	

Structured exam

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Remaining template documentation elements

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

Remaining workflow elements

Procedures

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Orders

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