

# TM-Cough (100181)

Category: Symptoms

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

CC           cough  
HPI           History of asthma or pneumonia: History of environmental or seasonal allergies:  
                  Exposure to others with similar symptoms: Exposure to airway irritant: Recent travel:  
freeform  
ROS           \_\_\_\_\_

Structured ROS

Pert: fever/chills	_____
Pert: not sleeping well	_____
Pert: red eyes or eye drainage	_____
Pert: sore throat	_____
Pert: postnasal drip	_____
Pert: runny nose and/or nasal congestion	_____
Pert: ear pain	_____
Pert: daytime cough	_____
Pert: dyspnea on exertion	_____
Pert: nighttime cough disturbing sleep	_____
Pert: wheezing or difficulty breathing	_____
Pert: chest pain	_____
Pert: cigarette/secondhand smoke exposure	_____
Pert: seasonal allergies (pollens)	_____
Pert: eczema	_____
Pert: history of recurrent infections	_____

Structured exam

Remaining template documentation elements

Counseling:	_____
Coordination of Care:	_____

<b>Diagnosis:</b>	____ (____)
<b>Assessment:</b>	_____
<b>Plan:</b>	_____
<b>Patient Instructions:</b>	

**Remaining workflow elements**

**Procedures**

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**Orders**

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