

TM-POST CONCUSSION SYNDROME (100247)

Category: Neurologic

Scheduled appt type: _____

CC _____

HPI _____ Date/nature of injury:

freeform ROS _____

Structured ROS

Pert: not sleeping well	_____
Pert: malaise	_____
Reports: headache	_____
Denies: change in visual acuity	_____
Denies: red eyes or eye drainage	_____
Denies: photophobia	_____
Denies: pain in or around eyes	_____
Denies: double vision	_____
Denies: sore throat	_____
Denies: ringing in ears	_____
Denies: postnasal drip	_____
Denies: runny nose and/or nasal congestion	_____
Denies: ear pain	_____
Denies: daytime cough	_____
Denies: nighttime cough disturbing sleep	_____
Denies: feeling of cold sweats, shakiness, weakness	_____
Pert: nausea	_____
Pert: vomiting	_____
Denies: headaches that are worse in the morning	_____
Denies: morning vomiting	_____
Denies: double vision	_____
Denies: change in gait or coordination	_____
Denies: change in short term memory	_____
Denies: numbness or tingling	_____

Denies: change in language, academic or work performance	_____
Denies: fine motor difficulties	_____
Reports: headaches increasing in severity or frequency	Persistent HA, worse with activity
Pert: emotionally labile	_____

Structured exam

NL: general appearance: alert, pleasant, not ill appearing, no distress	alert, pleasant, no distress
NL: conjunctivae & lids: pink & moist	_____
NL: pupils & irises: PERRLA	_____
NL: red reflex/fundoscopy exam	_____
Pert: horizontal saccades	_____
Pert: vertical saccades	_____
NL: canals & TMs (otoscopic exam): clear with normal landmarks & light reflex	_____
NL: nares (nasal mucosa, septum and turbinates): clear	_____
NL: oropharynx: moist mucous membranes, without pharyngeal erythema or intraoral lesions	, tongue protrudes midline without fasciculations
NL: neck: supple, trachea midline, no masses or significant adenopathy	_____
NL: without meningeal signs	_____
NL: respiratory effort: no retractions, no tachypnea	_____
NL: auscultation of lungs: clear & equal breath sounds without rales, rhonchi or wheeze	_____
NL: palpation of heart: PMI nondisplaced	_____
NL: auscultation of heart: regular rate & rhythm, no murmur	_____
NL: abdomen: soft, nontender/nondistended, normal bowel sounds, no mass	_____
NL: gait and station	normal heel-toe walk forward and backward, Romberg: negative
NL: muscle strength & tone	_____
NL: cranial nerves	_____
NL: DTRs	_____
NL: age appropriate gait & coordination on observation	_____
NL: age appropriate social/language interaction	_____
NL: orientation to time, place & person	_____
NL: recent & remote memory	_____
NL: mood & affect	_____

Remaining template documentation elements

Counseling:	
Coordination of Care:	
Diagnosis:	Postconcussion syndrome(F07.81)
Assessment:	persistent HA following concussion/mild traumatic brain injury
Plan:	History reviewed and exam considered with limitations acknowledged due to nature of virtual visit through a synchronous telecommunications system Discussed with patient/family at length No sports/gym/physical activity until HA free x 2 days then begin with light jogging and advance as tolerated. Go back to no activity if develops HA again Discussed implications for school work including difficulty concentrating for prolonged periods Discussed brain metabolism/healing Call for persistent HA > 2 weeks or other symptoms/concerns. If symptoms persist/worsen: consider imaging study and/or referral Notes written for school as needed Discussed under what circumstances a face-to-face office visit would be appropriate Recheck:
Patient Instructions:	

Remaining workflow elements

Procedures

Orders
