

TM-Abdominal pain (100178)

Category: Symptoms

Scheduled appt type: _____

CC abdominal pain
HPI Recent travel: Family history of GI disorder:
freeform ROS _____

Structured ROS

Pert: fever/chills	<input type="checkbox"/>
Pert: not sleeping well	<input type="checkbox"/>
Pert: fatigue	<input type="checkbox"/>
Pert: weight loss or gain	<input type="checkbox"/>
Pert: red eyes or eye drainage	<input type="checkbox"/>
Pert: sore throat	<input type="checkbox"/>
Pert: mouth ulcers	<input type="checkbox"/>
Pert: postnasal drip	<input type="checkbox"/>
Pert: runny nose and/or nasal congestion	<input type="checkbox"/>
Pert: ear pain	<input type="checkbox"/>
Pert: daytime cough	<input type="checkbox"/>
Pert: nighttime cough disturbing sleep	<input type="checkbox"/>
Pert: nausea	<input type="checkbox"/>
Pert: vomiting	<input type="checkbox"/>
Pert: diarrhea	<input type="checkbox"/>
Pert: constipation	<input type="checkbox"/>
Pert: localized abdominal pain	<input type="checkbox"/>
Pert: blood in stool	<input type="checkbox"/>
Pert: unexplained weight loss	<input type="checkbox"/>
Pert: cramping	<input type="checkbox"/>
Pert: increased burping	<input type="checkbox"/>
Pert: heartburn	<input type="checkbox"/>
Pert: rectal bleeding	<input type="checkbox"/>
Pert: diffused abdominal pain	<input type="checkbox"/>
	<input type="checkbox"/>

Pert: decreased appetite	
Pert: Pain awakening from sleep	
Pert: Pain interfering with activity	
Pert: mucous in stool	
Pert: vomiting bile/yellow material	
Pert: dysuria	
Pert: urinary frequency	
Pert: history of UTIs	
Pert: pain in joints but no visible swelling or redness	
Pert: rashes or dry skin	
Pert: stressors in home	

Structured exam

Remaining template documentation elements

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

Remaining workflow elements

Procedures

Orders
