

# TM-HEADACHE (100246)

Category: Neurologic

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

CC \_\_\_\_\_

HPI \_\_\_\_\_ Family hx of headaches:

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

## Structured ROS

Denies: fever/chills	<input type="checkbox"/>
Denies: body aches	<input type="checkbox"/>
Denies: not sleeping well	<input type="checkbox"/>
Denies: fatigue	<input type="checkbox"/>
Denies: change in visual acuity	<input type="checkbox"/>
Denies: red eyes or eye drainage	<input type="checkbox"/>
Denies: photophobia	<input type="checkbox"/>
Denies: pain in or around eyes	<input type="checkbox"/>
Denies: change in color perception or haloes around objects	<input type="checkbox"/>
Denies: double vision	<input type="checkbox"/>
Denies: sore throat	<input type="checkbox"/>
Denies: ringing in ears	<input type="checkbox"/>
Denies: pressure or fullness in ears/sinuses	<input type="checkbox"/>
Denies: change in hearing	<input type="checkbox"/>
Denies: postnasal drip	<input type="checkbox"/>
Denies: runny nose and/or nasal congestion	<input type="checkbox"/>
Denies: ear pain	<input type="checkbox"/>
Denies: daytime cough	<input type="checkbox"/>
Denies: nighttime cough disturbing sleep	<input type="checkbox"/>
Denies: fainting during exercise	<input type="checkbox"/>
Denies: feeling dizzy during exercise	<input type="checkbox"/>
Denies: change in exercise tolerance	<input type="checkbox"/>
Denies: nausea	<input type="checkbox"/>
Denies: vomiting	<input type="checkbox"/>
	<input type="checkbox"/>

Denies: decreased appetite	_____
Denies: headaches that are worse in the morning	_____
Denies: morning vomiting	_____
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	_____
Denies: headaches increasing in severity or frequency	_____

**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	as demonstrated with caregiver assistance with examiner visualization virtually
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: without meningeal signs	_____
NL: respiratory effort: no retractions, no tachypnea	_____
NL: extremities: no edema, brisk capillary refill	,as observed by provider with instructions to caregiver/patient
NL: gait and station	normal heel-toe walk forward and backward, Romberg: negative
NL: inspection (includes subcutaneous tissue): no rash	_____
NL: age appropriate gait & coordination on observation	_____
NL: age appropriate social/language interaction	_____
Pert: Extraocular movements	, intact as observed visually assisted by caregiver/patient guided instructions
Pert: heel to toe walking	observed through virtual interface following instructions by examiner
NL: orientation to time, place & person	_____
NL: recent & remote memory	_____
NL: mood & affect	_____

**Remaining template documentation elements**

<b>Counseling:</b>	_____
<b>Coordination</b>	_____

<b>of Care:</b>	_____
<b>Diagnosis:</b>	Headache(R51)
<b>Assessment:</b>	_____
<b>Plan:</b>	History reviewed and exam considered with limitations acknowledged due to nature of virtual visit through a synchronous telecommunications system Discussed with patient/family nature of headaches Limited virtual exam normal, no concerns regarding vision Normal physical exam and non-concerning history make intracranial pathology unlikely Discussed keeping headache diary to document frequency, intensity and possible triggers of headaches Gave information to patient/family on common headache triggers such as physical or emotional stress, too much or too little sleep, barometric pressure triggered headaches in patients with allergies, etc. Discussed use of analgesic medications for acute headaches Return if headaches persist/worsen in order to discuss consideration of prophylactic medications Call sooner if headaches begin to interfere with sleep/activity or awaken from sleep or are associated with vomiting, change in behavior/gait, visual disturbances or other concerns. Discussed under what circumstances a face-to-face office visit would be appropriate Recheck prn
<b>Patient Instructions:</b>	

Remaining workflow elements

Procedures

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Orders

