

TM-Sore throat (100189)

Category: Symptoms

Scheduled appt type: _____

CC sore throat
HPI Exposures to ill contacts: History of recurrent strep:
freeform ROS _____

Structured ROS

Pert: fever/chills	_____
Pert: body aches	_____
Pert: not sleeping well	_____
Pert: headache	_____
Pert: red eyes or eye drainage	_____
Reports: sore throat	_____
Pert: mouth ulcers	_____
Pert: pressure or fullness in ears/sinuses	_____
Pert: dental problems or bleeding gums	_____
Pert: difficulty swallowing	_____
Pert: postnasal drip	_____
Pert: runny nose and/or nasal congestion	_____
Pert: ear pain	_____
Pert: daytime cough	_____
Pert: nighttime cough disturbing sleep	_____
Pert: nausea	_____
Pert: vomiting	_____
Pert: diarrhea	_____
Pert: decreased appetite	_____
Pert: rashes or dry skin	_____

Structured exam

Remaining template documentation elements

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

Remaining workflow elements

Procedures

Orders