

# TM-Cold symptoms (100180)

Category: Symptoms

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

CC cold symptoms

HPI \_\_\_\_\_

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

Structured ROS

Pert: fever/chills	_____
Pert: not sleeping well	_____
Pert: whining or crankiness	_____
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: nighttime cough disturbing sleep	_____
Pert: wheezing or difficulty breathing	_____
Pert: vomiting	_____
Pert: diarrhea	_____
Pert: decreased appetite	_____
Pert: rashes or dry skin	_____

Structured exam

Remaining template documentation elements

Counseling:	_____
Coordination of Care:	_____
Diagnosis:	_____ (____)
Assessment:	_____

<b>Plan:</b>	
<b>Patient Instructions:</b>	

**Remaining workflow elements**

**Procedures**

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**Orders**

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