

TM-Fever (100185)

Category: Symptoms

Scheduled appt type: _____

CC fever
HPI History of recent travel:
freeform ROS _____

Structured ROS

Reports: fever/chills	_____
Pert: fever/chills	_____
Pert: body aches	_____
Pert: not sleeping well	_____
Pert: night sweats	_____
Pert: whining or crankiness	_____
Pert: change in visual acuity	_____
Pert: red eyes or eye drainage	_____
Pert: sore throat	_____
Pert: mouth ulcers	_____
Pert: runny nose and/or nasal congestion	_____
Pert: ear pain	_____
Pert: daytime cough	_____
Pert: nighttime cough disturbing sleep	_____
Pert: wheezing or difficulty breathing	_____
Pert: nausea	_____
Pert: vomiting	_____
Pert: diarrhea	_____
Pert: localized abdominal pain	_____
Pert: diffused abdominal pain	_____
Pert: decreased appetite	_____
Pert: dysuria	_____
Pert: urinary frequency	_____
Pert: muscle aches (myalgias)	_____

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