

TM-Diarrhea (100182)

Category: Symptoms

Scheduled appt type: _____

CCdiarrhea

HPIRecent travel: Exposure to unusual pets: Exposure to ill contacts: Exposure to well water:

freeform

ROS_____

Structured ROS

Pert: fever/chills	_____
Pert: not sleeping well	_____
Pert: fatigue	_____
Pert: weight loss or gain	_____
Pert: whining or crankiness	_____
Pert: red eyes or eye drainage	_____
Pert: Able to make tears	_____
Pert: sore throat	_____
Pert: mouth ulcers	_____
Pert: runny nose and/or nasal congestion	_____
Pert: ear pain	_____
Pert: nausea	_____
Pert: vomiting	_____
Reports: diarrhea	_____
Pert: localized abdominal pain	_____
Pert: blood in stool	_____
Pert: cramping	_____
Pert: diffused abdominal pain	_____
Pert: decreased appetite	_____
Pert: mucous in stool	_____
Pert: dysuria	_____
Pert: urinary frequency	_____
Pert: Decreased urinary output	_____

Pert: rashes or dry skin	
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Structured exam

Remaining template documentation elements

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

Remaining workflow elements

Procedures

Orders
