

Eating concerns (07/22) (101606)

Category: TEMPLATES TO RELEASE

Scheduled appt type: _____

CC Concerns about eating habits

HPI Onset of concerns: Specific habits of concern noted: Weight changes reported: Any known dietary restrictions? Typical meal / portions:

freeform

ROS _____

Structured ROS

Pert: difficulty sleeping	_____
Pert: diffused abdominal pain	_____
Pert: high stress levels	_____
Pert: loss of appetite	_____
Pert: weight loss or gain	_____

Structured exam

Remaining template documentation elements

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

Remaining workflow elements

Procedures

Orders

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