

Encounter created \_\_\_\_\_  
 Payment collected \_\_\_\_\_  
 Vitals entered \_\_\_\_\_ ROS charted \_\_\_\_\_  
 Lab Charted \_\_\_\_\_ Codes Entered \_\_\_\_\_  
 PMSH \_\_\_\_\_ **PEDS WEIGHT**



ROOM # \_\_\_\_\_

**Visit Questionnaire**

Today's Date: \_\_\_\_\_

**New Pt/Existing Pt**      **Prompt Pay Discount/Insurance**      **Amount Due:** \_\_\_\_\_ **Pharmacy** \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

**My Primary Care Provider:** \_\_\_\_\_ **I do not have a PCP (please circle)**

**Please Circle Symptoms**

**General:** Fever    Fatigue    Body Aches    Chills    Rash    Headache    Dizziness    Red Eyes/Drainage

**ENT:** Ear Pain    Hearing Loss    Sore Throat    Sinus Congestion/Pressure    Change in Taste/Smell    Runny Nose/PND

**Respiratory:** Cough    Shortness of Breath    Wheezing    Chest Congestion/Pressure

**GI:** Nausea    Vomiting    Diarrhea    Constipation    Abdominal Pain    Change in Appetite

**Urinary:** Burning    Urgency    Frequency    Dribbling    Blood in Urine    Discharge

**PLEASE TURN OVER**

How long have you had these symptoms? \_\_\_\_\_

Other: \_\_\_\_\_

-----PATIENT PLEASE STOP HERE-----

**T:** \_\_\_\_\_ **BP:** \_\_\_\_\_ **P:** \_\_\_\_\_ **R:** \_\_\_\_\_ **O2 sat:** \_\_\_\_\_ **WT:** \_\_\_\_\_ **COVID VC:** Y/N

Surgical History: \_\_\_\_\_

**ORDERS:**

€ 90715 - TDAP    € 86580 - TB

€ 96360 IV Fluids    € 96361 Additional

**€ Test:**

STREP	RSV	INFLUENZA	COVID-19	GLUC	Urine
PCR - 87651 Rapid - 87880	PCR - 87634 Rapid - 87807	PCR - 87502 Rapid - 87804	PCR - 87635 Antigen - 87426 DOH - U0001 Sanford/Avera - U0002	82948	UA - 81002 Drug Screen - 80305 Pregnancy - 81025 Gonorrhea - 87591 Chlamydia - 87491

€ Meds:    96372 Injection    H0033 Oral    90471 Immunization Admin    96374 IV Push

J0696	Rocephin IM	250 mg	500 mg	1000 mg	S0119/J2405	Zofran PO /IVP	4 mg
J1885	Toradol IM/ IVP	15 mg	30 mg	60 mg	J1100	Decadron PO/ IM	10 mg
J1030	Depomedrol IM	40mg			J3301	Kenalog IM	40 mg
94640	Albuterol	1.25	2.5		J2930	Solumedrol IM	125 mg

**€ Additional Charges:**

Nosebleed	Ear Wax Removal	Foreign Body Removal	I&D
30901 <20 min 30903 >20 min	69209 Unilateral 69210 Bilateral	(See List)	10060 Simple 10061 Complicated
<b>Lacerations:</b> € Picture	<b>Simple</b> _____ <b>Complex</b> _____	<b>Length:</b> _____	

## Patient medical history (past and current):

Patient's Name: \_\_\_\_\_

**Please circle any medical conditions you currently or have previously had:**

- |                     |                          |                        |                    |                              |
|---------------------|--------------------------|------------------------|--------------------|------------------------------|
| AIDS/HIV            | Chicken Pox              | Epilepsy/Seizures      | Kidney Stones      | Prostate Disease/Enlargement |
| Alzheimer's         | Cirrhosis/Liver Disease  | Eye or Ear Disorder    | Food Intolerance   | Pulmonary Embolism           |
| Anemia              | Colitis                  | Genetic Defect         | Low Blood Pressure | RSV                          |
| Anxiety             | Congestive Heart Failure | Gout                   | Mental Illness     | Reactive Airway Disease      |
| Arrythmia           | COPD                     | Hay Fever or Allergies | Migraine Headaches | Skin Disorder                |
| Arthritis           | COVID-19                 | Heart Attack           | Multiple Sclerosis | Sleep Apnea                  |
| Asthma              | Crohn's Disease          | Heart Disease          | Muscle Disorder    | Stroke or TIA                |
| Autoimmune Disorder | Deep Vein Thrombosis     | Heart Murmur           | Neuropathy         | Thyroid Disease              |
| Birth Defect        | Dementia                 | Hepatitis              | Osteoporosis       | Tuberculosis                 |
| Blood Disorders     | Depression               | Herpes                 | Parkinson's        | Ulcer                        |
| Bone/Joint Disorder | Diabetes                 | High Cholesterol       | Phlebitis          | Sexually Transmitted Disease |
| Bronchitis          | Diverticulitis           | High Blood Pressure    | Pneumonia          | Other: _____                 |
| Cancer              | Emphysema                | Jaundice               | Polio              |                              |

Details: Kidney Disease or Failure \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Family Medical History (Example: Father has Type 2 Diabetes and Depression)

Father	
Mother	
Maternal Grandmother	
Maternal Grandfather	
Paternal Grandmother	
Paternal Grandfather	
Brother	
Sister	
Aunt	
Uncle	

Do you smoke cigarettes, vape or chew and if so, how much per day? \_\_\_\_\_

Do you drink alcohol and if so, how much per day? \_\_\_\_\_

Do you use recreational drugs and if so, what, and how much per day? \_\_\_\_\_