

Clinical Documentation Form – Consultation Template

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Patient Name: _____	DOB: _____	Gender: _____
MRN: _____	Date: _____	Provider: _____

Chief Complaint (in patient's own words):

History of Present Illness (HPI):

Past Medical History:

Past Surgical History:

Medications:

Allergies:

Family History:

Social History:

Review of Systems (ROS):

General ■	Cardiovascular ■	Skin ■	Gastrointestinal ■
Head ■	Genitourinary ■	Eyes ■	Musculoskeletal ■
Ears ■	Neurological ■	Nose ■	Psychiatric ■
Throat ■	Endocrine ■	Neck ■	Hematologic/Lymphatic ■
Respiratory ■	Allergic/Immunologic ■		

Physical Examination:

General Appearance:

HEENT:

Neck:

Cardiovascular:

Respiratory:

Abdomen:

Musculoskeletal:

Neurological:

Skin:

Psychiatric:

Assessment & Plan:

Patient Education & Follow-up:

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