I:

Dr.:

Vrfd.:

Jenks Family Physicians

Established Patient Health Questionnaire
Partial Progress Note (PPN)

Name: _____ Birth Date: _____ Today's Date _____

What is the main reason for your visit today? _____

_____

_____

_____

What pharmacy do you use? _____ Would you prefer 30- or 90-day prescriptions?_____

Are you due for an annual physical soon? Y N Are you currently pregnant? Y N Maybe

Do you need any lab work done today? Y N If yes, when was your last meal? _____

Current Smokers: Are you interested in discussing smoking cessation today? Y N

Please list your allergies:_____

Please list your current Medical Insurance Provider:_____

Have you had any changes to your policy since your last visit? Y N

Deductible amount: $_____ Co-pay amount: $_____

Balance due: $_____ Amount collected: $_____

☐ G2211

OFFICE USE ONLY

Wt (lbs): _____ Ht: _____ T: _____ BP: _____ P: _____ SaO2: _____

_____

_____

_____

_____

_____

_____

_____

Physician/PA: _____

Physical Exam:

△	Same as Prior Visit	WNL	
☐	☐	☐	**Genl:** Nrml Demeanor, Hygiene, NAD
☐	☐	☐	**HEENT:** PERRLA/EOMI, TMs/OP WNL
☐	☐	☐	**Neck:** supple, Ø masses
☐	☐	☐	**Carotids:** 2+, Ø bruits
☐	☐	☐	**Heart:** RRR, Ø m/c/r, Ø S3/S4
☐	☐	☐	**Lungs:** CTA, Ø w/r/r, equal BS
☐	☐	☐	**Abd:** NABS x 4, soft, nondistended, NTTP, Ø g/r
☐	☐	☐	**Ext:** w/d, Ø edema
☐	☐	☐	**MSK:** Nrml Gait, Ø deformity/swelling
☐	☐	☐	**Skin:** Ø rash/lesions
☐	☐	☐	**Neuro:** CN 2-12 intact, 5/5 Strgth Global, DTRs 2/4 Lwr Exts, Ø tremors
☐	☐	☐	**Lymph:** Ø cerv/supraclavic adenopathy
☐	☐	☐	**Φ:** A&O x 3, approp speech/affect, Ø SI/HI/AVH
☐	☐	☐	**GU:** Ø lesions/ d/c, unremarkable
☐	☐	☐	**OPHTH:** Panoptic nondil limited exam w/unremarkable Optic disc & retinal vessels

Comments: _____

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