

Check in Time: \_\_\_\_\_  
 Time in Rm: \_\_\_\_\_  
 D/C Time: \_\_\_\_\_

# Your Clinic Name/Logo

MEDICAL RECORD #:

## BACK PAIN / INJURY

NAME \_\_\_\_\_

AGE \_\_\_\_\_

Date of Visit \_\_\_\_/\_\_\_\_/\_\_\_\_

H: _____	W: _____	TIME _____	T: _____	P: _____	B/P: ____/____	R: _____	O2 SAT: _____
W B O H	SEX M F	TIME	T: _____	P: _____	B/P: ____/____	R: _____	O2 SAT: _____

CURRENT MEDICATIONS/DOSAGES:  SEE LIST

ALLERGIES:  SEE LIST  NKDA

LNMP \_\_\_\_\_ Pregnant Y N ?

TETANUS: <5yrs >5yrs \_\_\_\_/\_\_\_\_/\_\_\_\_

CHIEF COMPLAINT: \_\_\_\_\_

Nurse Signature: \_\_\_\_\_

Applicable,  Appropriate Options,  Pertinent Negatives

HPI: (At Least 4 Elements Required)

LOCATION: \_\_\_\_ Back Pain( R L ↑ ↓ Mid Diffuse ) \_\_\_\_ Hip( R L ) \_\_\_\_ Sacrum \_\_\_\_ Coccyx \_\_\_\_ Radiates to: ( R L ) · Buttock · Hip · Leg · Abd · Groin · Back ( ↑ ↓ ) · Neck

DURATION: \_\_\_\_ Today # \_\_\_\_ Days # \_\_\_\_ Wks # \_\_\_\_ Months SEVERITY: \_\_\_\_ Mild \_\_\_\_ Mod \_\_\_\_ Sev \_\_\_\_/10

QUALITY: \_\_\_\_ Dull \_\_\_\_ Sharp \_\_\_\_ Burning \_\_\_\_ Stabbing \_\_\_\_ Constant \_\_\_\_ Intermittent \_\_\_\_ Typical of Prior Episodes \_\_\_\_ Onset ( Sudden · Gradual )

ASSOC S&S's: \_\_\_\_ Numbness \_\_\_\_ Tingling \_\_\_\_ Rad to: ( R L B ) · Buttock · Leg · Abd · Groin · ( ↑ ↓ ) Back · Neck \_\_\_\_ Dysfunction ( Bowel · Bladder )  
 \_\_\_\_ Abd Pain \_\_\_\_ Rash \_\_\_\_ Dysuria \_\_\_\_ Hematuria \_\_\_\_ Urgency \_\_\_\_ Freq \_\_\_\_ Weak \_\_\_\_ Fever \_\_\_\_ Chills \_\_\_\_ N/V \_\_\_\_ Gyn Sx: ( Vag Bleeding · D/C · Dyspareunia · Pelvic Pain )

CONTEXT: \_\_\_\_ Recent Change ( Job · Exercise · Hobby · Sedentary · House Work · Prolong Travel · Surgery · Injury · Med ) \_\_\_\_ Fall \_\_\_\_ Lifting \_\_\_\_ Bending \_\_\_\_ Turning \_\_\_\_ Overuse \_\_\_\_ None

MODIFYING FACTORS: \_\_\_\_ ↓ with: Rest · Heat · Massage · Lying · Standing · Sitting · OTC Med · Nothing \_\_\_\_ ↑ with: ROM · Lifting · Running · Standing · Sitting · Cough · Inspiration

TIMING: \_\_\_\_ Night \_\_\_\_ Day \_\_\_\_ Continuous \_\_\_\_ Active \_\_\_\_ Rest \_\_\_\_ Varies ( freq infreq ) \_\_\_\_ Other \_\_\_\_\_

ROS (Related by Patient)  System  Element if Negative  Element if positive

CONST: Fever · Chills · Weight loss/gain · Weak · Fatigue · Body Aches · EYES (OD OS OU) \_\_\_\_ Red \_\_\_\_ Itchy \_\_\_\_ D/C  
 \_\_\_\_ Pain \_\_\_\_ Photophobia ENT \_\_\_\_ ST \_\_\_\_ Rhinorrhea · Earache · Dry Mouth \_\_\_\_ Dental Pain RESP \_\_\_\_ Cough \_\_\_\_ SOB \_\_\_\_ Wheezing  
 CV \_\_\_\_ Chest Pain \_\_\_\_ Diaphoresis \_\_\_\_ Palpitations \_\_\_\_ Rapid Rate \_\_\_\_ Leg Edema \_\_\_\_ GI \_\_\_\_ ↓Appetite \_\_\_\_ Nausea \_\_\_\_ Vomiting \_\_\_\_ Diarrhea  
 Abd. Pain ↑R ↑L ↓R ↓L EPI SP \_\_\_\_ GU \_\_\_\_ Freq \_\_\_\_ Dysuria \_\_\_\_ Urgency \_\_\_\_ D/C \_\_\_\_ Bleeding \_\_\_\_ Sexually Active \_\_\_\_ >1 Partners  
 Dysmenorrhea MS \_\_\_\_ Pain: (Joint Back Neck) \_\_\_\_ Swelling: (Joint Extremity) \_\_\_\_ Myalgias \_\_\_\_ Lumps NEURO HA \_\_\_\_ LOC  
 Numbness \_\_\_\_ Weakness \_\_\_\_ Slurred Speech \_\_\_\_ Vision Changes \_\_\_\_ Dizziness PSYCH \_\_\_\_ Depressed \_\_\_\_ Emotional Lability \_\_\_\_ Anxiety  
 SKIN \_\_\_\_ Rash \_\_\_\_ Induration \_\_\_\_ Lesions \_\_\_\_ LYMPH \_\_\_\_ Enlarged Tender

(2-9 Det 10 > Comp) RECENT ANTIBIOTICS Y N  ALL NEGATIVE EXCEPT AS NOTED

Affirmatives chronic and unchanged if not explained below

PFSH (Past Medical Hx, Family and Social Hx)

PMHx/FHx: Form reviewed  Y  N Date \_\_\_\_/\_\_\_\_/\_\_\_\_

SHX: M S D W Smoke \_\_\_\_ ppd x \_\_\_\_ yrs ETOH: Y N (soc mod heavy) Drugs Y N (coc mar opi) PreSch \_\_\_\_ School \_\_\_\_ Work PT/FT

EXAMINATION:  System and NML if Appropriate  Element if Negative  Element if positive

Const: Any 3 of 7 vitals · Appears ill/Distress (mild mod sev) · Malnourished · Fever · Crying · Obese · Sedate (mild mod sev)  NML

Eyes: Conjunctiva Inj R L B · Unequal Pupils · Nonreactive Pupil R L B · ↓Vision R L B · FUNDI: ( Papilledema , AV Nicking , Retinal Vein Pulsation , Hemorrhage , Cotton Wool Spots ) · Icterus · ↓EOM · Photophobia  NML

ENT: TM Inj R L B · Cerumen Impaction R L B · Nasal Membrane Inj · Polyps · PP inj · Hoarse · Nasal Tone  NML

Neck: Tender · Swelling · Goiter · Thyroid Nodule · Thyroid Mass · JVD · Crepitus · ↓Supple · ↓ROM  NML

Respir: Labored · Wheezes · Rhonchi · Rales · Cough (dry congested wheezy barky bronchitic) (occ freq) · BS's Greater on R L · Splinting · Prolonged Exp · Retractions · Access Muscles · ↑MP Dia · SQ Emphysema  NML

CVS: ↑reg Rate · Tachy · Brady · Murmur ( \_\_\_\_/6 , syst/diast ) · Gallop (S3 S4) · Pitting Edema 1+ 2+ 3+ 4+ · Bruits (abd, carotid R L B, femoral) · JVD · Pulse Deficits · Varicosity · Cyanotic · Orthopneic · Orthostatic  NML

GI (Abd): Masses: ↑R ↑L ↓R ↓L EPI SP · Tenderness: ↑R ↑L ↓R ↓L EPI SP · Rebound · Bowel Sounds ( ↓ ↑ Absent ) · Distention · Guarding · Pulsations · CVA ( L R B ) · HSM · Hernia · RECTAL: ( Tender · Guaic + · Impaction · Hemorrhoids )  NML

GU: ♂ Tender (prostate testicle R L penis) · Mass · D/C · Ulcer · Lesion · Erythema · Rash · Tinea Cruris · Undescended R L · Prostate Nod \_\_\_\_ ♀ Tender · Ulcer · Erythema · D/C · Bartholin · Chandelier · Adenexal Mass R L · Menses · Uterine Mass · Rectocele · Cystocele  NML

Lymph: Tender · Enlarged ( cervical axillary inguinal ) ( R L B ) · Lymphedema · Lymphangitis  NML

Musc: Tender · ROM ( Limited Painful ) ( Neck Extremity ) · Joint ( Tender Swollen Red Warmth ) · Arthritic · Antalgic Gait · Defects · ↓Lordosis · Kyphosis · Scoliosis · Contractures · Crepitus · Cogwheeling · Spasticity · Flaccidity · Amputation · Edema · Clubbing · Cyanosis  NML

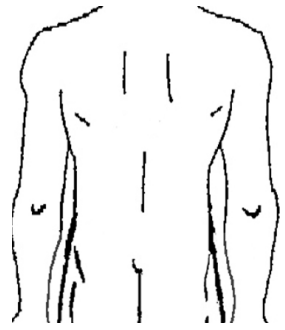
Skin: Induration · Rash · Discoloration · Tender · ↓Elasticity · Atrophic · Acne · Psoriasis · Candida · Ulcer · Wounds · Bruising  NML

Neuro: CN Deficit · +SLR ( R L ) · ↓LOC · Ataxia · ↓Coordination · ↑↓Reflexes · ↓Sensation · ↓Strength · Abn F-N, H-S · Meningismus · Barany ( R L ) · Brudzinski · Kernig · Chvostek · Babinski · Romberg · Hand Drop · Dementia( Acute Chronic )  NML

Psych: ↓Memory(recent remote) · ↓Judgment · Depressed · Anxious · Strange Affect · Psychotic · Disorient( Person Place Time )  NML

PROVIDER NOTES:  SEE DIAGRAM

X-tender, O-swollen, B-bruised, √-pain



LRMOM:  
 FF (sl mod sev)  
 E (sl mod sev)  
 RF (sl mod sev)  
 LF (sl mod sev)  
 RR (sl mod sev)  
 LR (sl mod sev)

PAINFUL ROM:  
 FF (sl mod sev)  
 E (sl mod sev)  
 RF (sl mod sev)  
 LF (sl mod sev)  
 RR (sl mod sev)  
 LR (sl mod sev)

LABORATORY STUDIES	JUSTIFICATION	X-RAYS	JUSTIFICATION
In-House: <input type="checkbox"/> CBC <input type="checkbox"/> UA <input type="checkbox"/> RAPID STREP <input type="checkbox"/> URINE HCG <input type="checkbox"/> MONO <input type="checkbox"/> GLUCOSE <input type="checkbox"/> TRICH <input type="checkbox"/> TRIAGE CARDIAC PANEL	Send out: <input type="checkbox"/> CMP <input type="checkbox"/> BMP <input type="checkbox"/> HEPATIC FUNCTIONS <input type="checkbox"/> AMYLASE/LIPASE <input type="checkbox"/> AMP GC/CT <input type="checkbox"/> EXTRA BLOOD	1. 2. 3.  <b>Circle:</b> <b>CXR PA/LAT</b> ←↑ <b>ABD</b> <b>KUB</b> <b>C T L SPINE</b> <hr/> <b>Schedule:</b> <input type="checkbox"/> MRI T L SPINE <input type="checkbox"/> CT T L SPINE <input type="checkbox"/> STONE PROTOCOL CT	

NURSING ORDERS:	NURSE INITIALS/TIME	NURSE INITIALS/TIME
<b><u>NURSE: ALLERGIES CHECKED? Y N</u></b>		
1. _____	_____	3. _____
2. _____	_____	4. _____
<input checked="" type="checkbox"/> <b>ORDERS BELOW</b> <input type="checkbox"/> REPEAT VITALS <input type="checkbox"/> OBSERVE _____ mins <input type="checkbox"/> TILTS <input type="checkbox"/> O2 SAT <input type="checkbox"/> SET UP PELVIC <input type="checkbox"/> OBTAIN OLD MEDICAL RECORDS <input type="checkbox"/> IV NS @ _____ cc/hr   Start Time: _____   End Time: _____	<b>CIRCLE ORDERS BELOW</b> PHENERGAN _____ MG IM ( GM R L ) _____ TORADOL 60 MG IM ( GM R L ) _____ DECADRON _____ MG IM ( GM R L ) _____ NUBAIN _____ MG IM ( GM R L ) _____ ROCEPHIN _____ MG/GM ( GM R L ) _____ ANCEF _____ MG/GM ( GM R L ) _____	Lot#/Exp/ NURSE INITIALS/TIME _____ _____ _____ _____ _____
<b>REFERRALS:</b>	<b>ADDITIONAL NURSE NOTES:</b>	
<input type="checkbox"/> Call & make appointment for patient		

<b>DIAGNOSIS:</b> <input type="checkbox"/> T L BACK STRAIN, ACUTE <input type="checkbox"/> LUMBAGO, ACUTE <input type="checkbox"/> EXACERBATION CHRONIC BACK PAIN <input type="checkbox"/> SCIATICA L R <input type="checkbox"/> BACK CONTUSION <input type="checkbox"/> UTI <input type="checkbox"/> PROSTATITIS, ACUTE <input type="checkbox"/> SHINGLES <input type="checkbox"/> URETEROLITHIASIS R L	<b>TREATMENT PLAN/RX's:</b> <input type="checkbox"/> Rest and Fluids <input type="checkbox"/> Tylenol / Motrin <input type="checkbox"/> F/U as instructed <input type="checkbox"/> Off Work/School _____ Days <input type="checkbox"/> Heat / Massage / Vibration <input type="checkbox"/> Do not drive 8 hours <input type="checkbox"/> Old Med Records <input type="checkbox"/> Meds: · muscle relaxers · NSAIDS · narcotics · OTC's · antibiotics · steroids <input type="checkbox"/> Exercise by: · walking · swimming · stationary bicycle <input type="checkbox"/> Discharge instructions given for _____
<input type="checkbox"/> Weight Loss <input type="checkbox"/> ↓Stress <input type="checkbox"/> Sedentary Activity _____ Days <input type="checkbox"/> MRI / CT <input type="checkbox"/> PT	

**FRAC TURE MANAGEMENT @ "Your Clinic" YES NO**

Critical Care Time: \_\_\_\_\_ mins

Additional Notes: \_\_\_\_\_

Discharge Home      Condition Improved at Discharge Y N  
 Transfer to ED via EMS / POV  
 Check With Provider Before Discharge  
 Left AMA

Providers Names MD    Providers Names DO    Providers Names, NP    Providers Names, PA-C