



MA / NURSE NOTES: Since last visit: None
Current Medications: 18 Profin
Allergies: NK-DIA Pulse: 72 BP: 150/102 Resp: 16 Temp: 98.3 Completed by: Jed / 11/11
Any medication/treatment problems or side effects: None

SUBJECTIVE COMPLAINTS: I reviewed the patient's health history as documented on (date of first visit) 7/6/11 and updated any changes below.

HPI: Chief Complaint: Knee pain Location: _____
Quality: Faint Sharp Dull Tingling Burning
Timing: Occasional Intermittent Constant
Severity: Minimal Mild Moderate Severe
Duration: _____ Min _____ Hrs _____ Days

Since the last visit: Yes No Any new symptoms or complaints? If so, describe: _____
Patient is better/ worse/ same. Treatment [was/ was not] followed and [was/ was not] tolerated. Current Work Duty: Regular/ Modified/ Off
Employer reports she was doing fine and wanted to be OK'd to being seen. Today she tells me she had severe pain 5/11 day on 7/8 she almost went to ER, claims constant dull pain. Addressed.
Associated Signs/Symptoms: None Yes No; Ecchymosis? Yes No; Redness? Yes No; Swelling? Yes No; Bleeding? Yes No; Increased pain? Yes No; Fever/Chills? Yes No; Foul odor? Yes No; Discharge? Yes No; Other: Knee

OBJECTIVE FINDINGS: (Check all that apply and explain any Yes answers below)
1. Yes No Disoriented to time, place and person, or non-alert?
Burns 1st Degree Burns Healed abrasion not in place/leg
2nd Degree Burns
3rd Degree Burns

Wounded Areas: Healed abrasion
5. Location #1: Ant @ Tibial medial knee
6. Shape: Linear Irregular Other _____
7. Depth: Single Layer Multiple Layers: _____
8. Condition: Contaminated Infected. Explain _____

9. Size Length: _____ cms. 10. Other: _____
11. Location #2: _____
12. Shape: Linear Irregular Other _____
13. Depth: Single Layer Multiple Layers: _____
14. Condition: Contaminated Infected. Explain _____
15. Size Length: _____ cms. 16. Other: _____
17. Yes No Sutures disrupted?
18. Yes No Circumferential burn?
19. Yes No Signs of infection?
20. Yes No Tendon damage?
21. Yes No Ecchymosis?
22. Yes No Vascular damage?
23. Yes No Signs of lymphangitis, lymphedema or regional lymphadenopathy?
24. Yes No Fracture associated?
25. Yes No Signs of respiratory distress due to smoke inhalation?
26. Yes No Restrictions to range of motion?

no exam except variable TIP medial joint line, femoral tibia condyle. Genu recurvatum
ligament instability on exam - Valgus a Varus stress. From NPIT

DIAGNOSTIC TESTS: Additional / Repeat Radiographs: Knee Number of views: 4 X-Ray #: 44889
Preliminary x-ray reading: Normal Abnormal: _____
 Additional / Repeat Laboratory: _____
Laboratory: Normal Abnormal: _____

DIAGNOSES: Current Diagnoses: Contusion Abrasion @ leg Diagnosis added _____ ICD9: _____

TREATMENT PLAN:
 Surgical tray opened and sterile field prepared Sutures removed Wound cleaned and redressed SteriStrips applied
Medications New / Refill / Continue Specify: _____
Supplies The patient was instructed in the use and care of the following applied/fitted medical supplies: _____
 Dressings dispensed Other: _____

Physical Therapy: Evaluate and treat _____ times/week for _____ weeks
Work Status: Regular Modified Off work
Interpreter required Name: _____
Return to clinic on: DK
 Counseling Visit. Total duration of visit: _____ mins. Total duration of patient counseling: _____ mins.

No objective findings x Healed superficial abrasion
1/w pt. she agrees to cont Reg work. no further TX indicated
 Referral / Consult to: _____ Reason: _____
 Discharged from care. No further treatment is anticipated at this center at this time.

PHYSICIAN Signature: [Signature]
Name: _____

LABELS