

Asian American Healthcare Center (AAHC)

Name: _____ **DOB:** / / **Age:** _____ **Date:** / /

Height: _____ **Weight:** _____ **Temp:** _____ **Pulse:** _____ **BP:** /

CC: _____ **ALL:** [] NKDA

HPI: _____ **Meds:** 1) _____
2) _____
3) _____
4) _____
5) _____
6) _____
7) _____
ROS: 8) _____
9) _____
10) _____

PMH: _____

PSH: _____

FH:
Father: [] HTN, [] DM, { } HLD, [] CAD, [] CVA, [] Cancer
Mother: [] HTN, [] DM, { } HLD, [] CAD, [] CVA, [] Cancer

SH: [] Smoking (_PPD x_yrs), [] EtOH, [] Drugs

Labs: CBC, BMP, CMP, Lipid, HbA1c, TSH, PSA, UA
CRP, ANA, HCG, HBV, H pylori

PE:
Gen: NAD, AAOx3
HE: NCAT, EOMI, PERRLA
ENT: TM clear, MMM
nasal congestion, rhinorrhea, sinus tenderness
Neck: supple, no thyromegaly, no JVD, no LAD, no bruits
Pul: CTAB, no RRW, no tenderness, TF WNL
CV: RRR, S1S2 nl, no MRG, PMI non-displaced
Abd: ND/NT, +BS nl x4, soft, no HSM, no bruits
GU: no CVA tenderness
MSK: no CCE, no tremors, gait, ROM
Skin: rashes,
NS: CN II-XII intact
Psych: normal affect, mood

EKG: _____
Images: _____

Assessment and Plan:

Provider: _____ **Signature:** _____ **Date:** / /