



CHAP PATIENT ENCOUNTER FORM PAGE 2 OF 2

EXAM: General Appearance \_\_\_\_\_

VS: T \_\_\_\_\_ ° P \_\_\_\_\_ R \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ SPO2 \_\_\_\_\_ % WT \_\_\_\_\_ kg change: \_\_\_\_\_ HT \_\_\_\_\_ cm HC \_\_\_\_\_ cm

Head/Sinus: \_\_\_\_\_

Eyes: \_\_\_\_\_ Snellen Test: (R) \_\_\_ / \_\_\_ (L) \_\_\_ / \_\_\_ (B) \_\_\_ / \_\_\_

Ears:(R) \_\_\_\_\_

(L) \_\_\_\_\_

Nose: \_\_\_\_\_

Mouth/Throat: \_\_\_\_\_

Neck/Nodes: \_\_\_\_\_

Back: \_\_\_\_\_

Lungs/Chest: \_\_\_\_\_

Heart : \_\_\_\_\_

Breasts: \_\_\_\_\_

Abdomen: \_\_\_\_\_

Genital/Rectal: \_\_\_\_\_

Extremities: \_\_\_\_\_

Nervous System: \_\_\_\_\_

Skin: \_\_\_\_\_

Lab tests/results: \_\_\_\_\_

Immunizations given: Vaccine / Lot # / initials

\_\_\_\_\_ / # \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_ / # \_\_\_\_\_ / (\_\_\_\_)

\_\_\_\_\_ / # \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_ / # \_\_\_\_\_ / (\_\_\_\_)

\_\_\_\_\_ / # \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_ / # \_\_\_\_\_ / (\_\_\_\_)

TB skin test:

( ) PPD 0.1mL given ID RFA LFA

PPD read: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_ mm

ASSESSMENT: \_\_\_\_\_

PLAN (number and title): \_\_\_\_\_

Standing Orders Used: Y N

Patient/Medicine Education: \_\_\_\_\_

Medicines: \_\_\_\_\_

Special/Other Care: \_\_\_\_\_

Recheck/Follow up: \_\_\_\_\_

Documentation Continued: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Name: (L) \_\_\_\_\_ (F) \_\_\_\_\_ DOB \_\_\_ / \_\_\_ / \_\_\_ MRN \_\_\_\_\_ Gender: M F Other

CHAP: \_\_\_\_\_ Village: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Referral Provider: \_\_\_\_\_ Provider's Assessment: \_\_\_\_\_

Normal Clinic Hours: Y N After Clinic Hours: Y N ETOH Related: Y N

