

# RIDGELINE CONSULTING SERVICES, LLC

## MEDICAL ASSESSMENT

Name: \_\_\_\_\_ Date: \_\_\_\_\_

VITAL SIGNS: HR \_\_\_\_\_ RR \_\_\_\_\_ BP \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

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

DATE OF MOST RECENT PHYSICAL EXAM: \_\_\_\_\_

PCP: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PREGNANCY: YES NO comment: \_\_\_\_\_

LMP: \_\_\_\_\_ TUBAL LIGATION: YES NO MENOPAUSAL: YES NO

HYSTERECTOMY: YES NO

### EXAM:

**GENERAL: GROSSLY INTACT** COMMENT: \_\_\_\_\_

**HEART: S1 S2 WNL** COMMENT: \_\_\_\_\_

**LUNGS: CTA WNL** COMMENT: \_\_\_\_\_

**ABD: WNL** COMMENT: \_\_\_\_\_

**SKIN: WNL** COMMENT: \_\_\_\_\_

**CONSTITUTION:** \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_

# RIDGELINE CONSULTING SERVICES, LLC

Name: \_\_\_\_\_ Date \_\_\_\_\_

## Review of Systems

GI: \_\_\_\_\_

\_\_\_\_\_

HEENT: \_\_\_\_\_

\_\_\_\_\_

CV: \_\_\_\_\_

\_\_\_\_\_

Respiratory: \_\_\_\_\_

\_\_\_\_\_

GU: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Constitution: \_\_\_\_\_

\_\_\_\_\_

Testing/referrals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Labs: \*hepatitis panel \*HIV \*pregnancy test, urine or serum \*CBC \*CMP

Other: \_\_\_\_\_

\_\_\_\_\_

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