PHYSICIAN SUPPLEMENTAL RECORD EXTREMITY INJURY / PAIN

PATIENT'S NAME:		DATE:		AGE:	SEX: M / F
VITAL SIGNS: A1 BPCC5 TIME OF INJURY:[]n	A3 P A4 R		A6 HT E D: []struck []fell [A7 WT[]Stated
CC1 LOCATION OF PAIN					
CC1 LOCATION OF INJU	RY:				
AREA OF SWELLING: ECCHYMOSIS: []Yes []No					
CC2 CHARACTER OF PAIN: []sharp []burning []pressure []crushing []tearing					
	neck []jaw []back []shoulder []lef				
CC3 SEVERITY: (0=none, 1	10=worse)	2.5 C			
	CULATION: []normal []decreasd	TENDONS: []intac	et []abnormal S	SENSOR	Y: []normal []abnormal
RANGE OF MOTION: []no			[]		
LAST TETANUS IMMUNI					
MEDICATIONS TAKEN: ALLERGIES:					
	BY: []eating []exertion []breathing	r []moving	ALL	EKGIES	•
	[]rest []sitting []medication []elev				
	CULATION: []Normal []Decreased		at [] A becomes 1 ME	DVEC. [1]	Normal [] Ahmormal
	TO:			KVES: [].	Normai []Abhormai
FELL FROM:	10:	A DISTANCE	OF:		
	CIPETONI (ITI)	FIGHT A DATE		F370 4 Y	
[]SWELLING	[]DEFORMITY	[]STABLE			RALYSIS
[]WEAKNESS	[]REDNESS	[]DRAINAGE []SWOLLEN NODES			
[]LACERATION	[]NUMBNESS	[]TINGLING []ALCOHOL USE			
[]SMOKING	[]POOR CIRCULATION	[]SHORTNESS OF BREATH []CHEST PAIN			
[]PALPITATIONS	[]NAUSEA	[]VOMITING []DIZZINESS			
[]FEVER	[]PAIN WITH EXERTION				
PAST HISTORY:					
[]HYPERLIPIDEMIA	[]HYPERTENSION	[]OBESITY	[]DIABETES	[]HE	ART DISEASE
[]CHEST PAIN	[]MYOCARDIAL INFARCT		[]ANEMIA	[]UL(
[]X RAY OF	READ BY []ED PHYSICIAN	[]RADIOLOGIST []	OTHER	_ RESU	LTS:
DIFFERENTIAL DIAGNOSIS AND/OR HIGH RISKS: Fracture, Peripheral vascular disease, Gout, Arthritis, CVA, Neuropathy, Bursitis, Lyme disease, Thrombosis, Carpal tunnel syndrome, Myasthenia gravis, Hypertension, Guillain Barre syndrome.					
<u>NOTES</u>					

Physician's Signature

Print Physician's Name

Date