

**S: Subjective**

Initials: <b>M.W.</b>						Age: <b>18</b>		Gender: <b>Male</b>	
Height	Weight	BP	HR	RR	Temp	SPO2	Pain Rating	Allergies (and reactions)	
6'0	185.0 lbs	120/80	108	16	101.0	98%	<input type="text"/>	Medication: none Food: Environment:	

History of Present Illness (HPI)	
<b>Chief Complaint (CC)</b>	"fatigue and cough"
<b>Onset</b>	4 days ago
<b>Location</b>	
<b>Duration</b>	
<b>Characteristics</b>	Dry cough, "razor blades in my throat"
<b>Aggravating Factors</b>	none
<b>Relieving Factors</b>	"drinking something warm"
<b>Treatment</b>	ibuprofen

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**Current Medications:** Include dosage, frequency, length of time used and reason for use; also include OTC or homeopathic products.

Medication (Rx, OTC, or Homeopathic)	Dosage	Frequency	Length of Time Used	
Ibuprofen	Not specified	PRN	Not specified	Headache
		Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	

**Past Medical History (PMHx)** – Includes but not limited to immunization status (note date of last tetanus for all adults), past surgeries. Depending on the CC, more info may be needed.