

## UPPER/LOWER RESPIRATORY INFECTIONS

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_ DOB/AGE: \_\_\_\_\_

S: ALLERGIES: \_\_\_\_\_ WORK LOSS: \_\_\_\_\_ PREG: \_\_\_\_\_

CURRENT RX: \_\_\_\_\_ TOBACCO USE: \_\_\_\_\_ ASTHMA: \_\_\_\_\_

HEADACHE FATIGUE MYALGIAS CHILLS/TEMP/SWEATS: \_\_\_\_\_ DURATION: \_\_\_\_\_

EYES: red disc ithc ears: \_\_\_\_\_ EARS (R/L): pain disch tubes hearing \_\_\_\_\_ THROAT: st glands laryngitis

NOSE: cong pressure PND disch/color \_\_\_\_\_ CHEST: pain cough productive Y/N color \_\_\_\_\_

SKIN/RASH: \_\_\_\_\_ OTHER: nausea vomit diarrhea pain \_\_\_\_\_

ADDITIONAL HX: \_\_\_\_\_

O: VITALS: BP: \_\_\_\_\_ P: \_\_\_\_\_ T: \_\_\_\_\_ Weight: \_\_\_\_\_ OTHER: \_\_\_\_\_

Eyes: \_\_\_\_\_ Ears: \_\_\_\_\_ Nose: \_\_\_\_\_ Throat: \_\_\_\_\_ Neck: \_\_\_\_\_ Lungs: \_\_\_\_\_

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

A: \_\_\_\_\_

P: \_\_\_\_\_

## UPPER/LOWER RESPIRATORY INFECTIONS

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_ DOB/AGE: \_\_\_\_\_

S: ALLERGIES: \_\_\_\_\_ WORK LOSS: \_\_\_\_\_ PREG: \_\_\_\_\_

CURRENT RX: \_\_\_\_\_ TOBACCO USE: \_\_\_\_\_ ASTHMA: \_\_\_\_\_

HEADACHE FATIGUE MYALGIAS CHILLS/TEMP/SWEATS: \_\_\_\_\_ DURATION: \_\_\_\_\_

EYES: red disc ithc ears: \_\_\_\_\_ EARS (R/L): pain disch tubes hearing \_\_\_\_\_ THROAT: st glands laryngitis

NOSE: cong pressure PND disch/color \_\_\_\_\_ CHEST: pain cough productive Y/N color \_\_\_\_\_

SKIN/RASH: \_\_\_\_\_ OTHER: nausea vomit diarrhea pain \_\_\_\_\_

ADDITIONAL HX: \_\_\_\_\_

O: VITALS: BP: \_\_\_\_\_ P: \_\_\_\_\_ T: \_\_\_\_\_ Weight: \_\_\_\_\_ OTHER: \_\_\_\_\_

Eyes: \_\_\_\_\_ Ears: \_\_\_\_\_ Nose: \_\_\_\_\_ Throat: \_\_\_\_\_ Neck: \_\_\_\_\_ Lungs: \_\_\_\_\_

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

A: \_\_\_\_\_

P: \_\_\_\_\_