## HARRISHEALTH SYSTEM

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| Date:           | MRN:  |
|-----------------|---|
| Chief Complaint |   |
|                 |   |
|                 |   |
| Assessment/wo   | rking hypothesis?   |
|                 |   |
|                 |   |
|                 |   |
| <u> </u>        | t subjective and objective findings that shore up your assessment |
| Subjective      | MOI &/or HPI:   |
|                 |   |
|                 | Aggravating factors:  |
|                 | Factor factors  |
|                 | Easing factors:   |
|                 | ROS:  |
|                 | NOS.  |
|                 | Red Flags:  |
|                 | 1100 11000  |
| Objective       | Pertinent Negatives:  |
|                 |   |
|                 | Pertinent Positives:  |
|                 |   |
|                 |   |
|                 |   |
| Imaging:        |   |
|                 | Clinical Relevance:   |
|                 |   |
| Outcomes:       | Asterisk signs:   |
|                 |   |
|                 | Self-report/Physical performance measures:                        |
|                 |   |

| Interventions:    | List significant interventions and priorities for treatment for the following categories? Please provide a brief justification. If feasible cite supportive evidence from the literature where appropriate? (If you have provided in the past leave blank) |
|-------------------|--|
| Manual<br>Therapy |  |
| Exercise          |  |
| Education         |  |
| Literature        |  |
| In general Wh     | at have you done so far? And how has the patient responded?  |
|                   |  |
|                   |  |