

# Carolina Family Health Centers, Inc.

## Clinical Documentation

This form will be used to document the patient encounter when there is an electronic health record system failure.

Patient Name:	Date of Service:
DOB:	Provider:

### VITALS

BP:	Pulse:	Respirations:	Pulse Ox:
Repeat BP:	Weight:	Height:	BMI:

### IN-OFFICE PROCEDURES

Glucose:	HgA1C:	Pregnancy Test: Neg	Pos
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### CHIEF COMPLAINT:

### HPI:

### ROS:

### PE:

### ASSESSMENT/PLAN:

### LABS:

## **Carolina Family Health Centers, Inc.**

**MEDICATIONS:**

**REFERRALS:**

**DISPOSITION:**