

# Hemorrhoid Visit Chart Note

Date of Service: \_\_\_\_\_ ROS & PFS: See patient intake

BP: \_\_\_\_\_ Pulse: \_\_\_\_\_ Wt: \_\_\_\_\_ Temp: \_\_\_\_\_ Ht: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Chief Complaint/ Symptoms: \_\_\_\_\_

HPI/Notes: \_\_\_\_\_

Sx Post Rx: \_\_\_\_\_

**Symptoms:**  Rslvd  Impr  No Chg  New  Worse  Pain  Bleed  Constip  Diarrhea  IBS Sx

**Previous Treatment:**  LL  RA  RP  Other \_\_\_\_\_  Fissure

**Reviewed History** Patient  Family  Social  No change since last visit

| Physical Exam: | WNL                      | AB                       | N/E                      |                            | WNL                      | AB                       | N/E                      |                      | WNL                      | AB                       | N/E                      |
|----------------|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|--------------------------|
| General        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gastrointestinal (abdomen) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Genitourinary (male) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Skin           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Constitutional             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Chest (breasts)      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lymphatic      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Respiratory                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Musculoskeletal      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eyes           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cardiovascular             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Neurologic           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Neck           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ears, nose, mouth, throat  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Psychiatric          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Review of Systems:

reviewed all systems, provided by patient on health history form  
 no change from last visit, in chart

**External Exam:** \_\_\_\_\_

**Digital Exam:**  Tags  Sentinel Pile  Ext. Hem.  Spasm  Rash  Lesions  Fissure \_\_\_\_\_  Other \_\_\_\_\_

**Internal Hemorrhoid Location:**  RA  RP  LL  Other \_\_\_\_\_ Notes: \_\_\_\_\_

Anoscopy  Procto Exam (mark one): Procedure Depth: \_\_\_\_\_ Stool in vault:  Descrip. \_\_\_\_\_

Internal Hemorrhoids:  RA: G \_\_\_\_\_  RP: G \_\_\_\_\_  LL: G \_\_\_\_\_  Other: \_\_\_\_\_

Fissure: Location \_\_\_\_\_  Polyps: Location \_\_\_\_\_  Masses \_\_\_\_\_  Other: \_\_\_\_\_

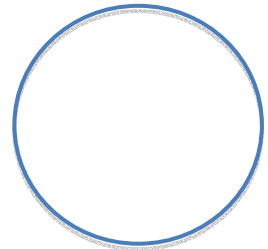
**Procedures:**  Band: \_\_\_\_\_  I&D  Excision  Biopsy  
\*marking 'band' and placing a location abbrev. indicates a hemorrhoid ligation by rubber band was performed

**Meds Used:**  NTG  Lido  Lido +  Bupiv  Bupiv +  Other

**Meds Prescribed:**  NTG  NTG+  Diltiazam  Lido  Lido/Prilo  
 Hydrocort  Lotrisone  Miralax  Nifedipine  Nifedipine+

Other Rx: \_\_\_\_\_

OTC Meds: \_\_\_\_\_



Notes:

### Assessment

Int. Hem.  Ext. Hem  Anal Fissure  Anal Spasm  
 Pruritis Ani  Skin Rash  IBS  Constip.  Diarrhea  
 Fistula-in-ano .  Fecal Incont.  Abscess  Thrombosed Hem

**OTHER:**

### Plan

#### Patient provided with:

Post-band  Fiber Rx  Fissure Care  Rx Written  
 Kegels  Wound Care **OTHER:**

F/U \_\_\_\_\_ Days \_\_\_\_\_ Weeks \_\_\_\_\_ Months \_\_\_\_\_ PRN

Instructions Given to Patient \_\_\_\_\_

Referred To:  GI  CS  Colonoscopy  Other \_\_\_\_\_

### Post-Band Complications:

None  Substantial Bleeding: (required return visit to office?  Yes  No)  \*Substantial Pain: (Level:  1  2  3  4)  
 Urinary Retention  Sepsis  Stricture  Loss of Work **\*Pain Level Scale:** 1 min pain; 2 minor; 3 moderate; 4 severe

Treatment Completed  FOBT Ordered Date FOBT Results \_\_\_\_\_ FOBT Results:  Pos  Neg  Unsatisfactory

Reviewed By: \_\_\_\_\_ Date \_\_\_\_\_

Provider Signature