

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

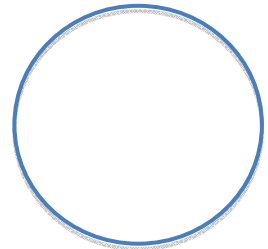
Meds Used: NTG Lido Lido + Bupiv Bupiv + Other

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