

Date of Service:

Chief Complaint:

History of Present Illness:

Symptoms:

Pain: {Palliative Pain:20181}

Anorexia: {Palliative anorexia:20182}

Weakness/Fatigue: {Palliative Weakness:20183}

Xerostomia:{Palliative Xerostomia:20184}

Lower extremity edema: {Palliative edema:20185}

Dyspnea: {Palliative Dyspnea:20186}

Constipation/Diarrhea: {Palliative Constipation:20187}

Nausea/Vomiting: {Palliative N/V:20188}

Forgetful/Confused:{Palliative Confused:20189}

Anxiety/Depression: {Palliative Anxiety:20190}

Insomnia: {Palliative Insomnia:20191}

Rash/Lesions: {Palliative Rash:20193}

Review of Systems:

{ROS - COMPLETE:12658}

Physical Exam:

{PE PALLIATIVE CARE CC:50093112}

Data Review / Labs:

{IMAGING:50513112}

Assessment and Plan:

1. ***

2. ***

Counseling:

I spent a total of *** minutes with the patient today, of which *** minutes were spent in counseling and coordination of care.

{COUNSELING - PALLIATIVE CARE CC:50923112}