UPPER RESPIRATORY INFECTION ENCOUNTER FORM

Name: _____ Age: _____ Date: _____

Patient section

Please answer the following questions. This will help your physician identify possible problems.

Do you have a runny nose? ☐ Yes ☐ No
If "yes," describe the nature of drainage:
☐ clear ☐ yellow/green ☐ white
☐ thick ☐ bloody

Do you have any nasal congestion? ☐ Yes ☐ No

Do you have any sinus pain? ☐ Yes ☐ No

Do you have post nasal drip? ☐ Yes ☐ No

Are your eyes: ☐ red? ☐ watery? ☐ itchy?

Do you have ear pain? ☐ Yes ☐ No

Do you have a fever? ☐ Yes ☐ No

Do you have nausea? ☐ Yes ☐ No

Have you vomited? ☐ Yes ☐ No

Do you have diarrhea? ☐ Yes ☐ No

Do you have a sore throat? ☐ Yes ☐ No

Are you achy? ☐ Yes ☐ No

Do you have any pain? ☐ Yes ☐ No
If "yes," rate your level of pain:
None 0 1 2 3 4 5 6 7 8 9 10 Severe

Do you have any rashes? ☐ Yes ☐ No

Do you have a cough? ☐ Yes ☐ No
If "yes," describe your cough:
☐ dry ☐ productive

Nature of sputum, if any:
☐ clear ☐ yellow/green ☐ white
☐ thick ☐ bloody

Do you have asthma? ☐ Yes ☐ No

Do you use tobacco? ☐ Yes ☐ No

Other symptoms: _____

_____

Do you have any allergies? _____

_____

How long have you felt sick? _____

_____

What medicines have you tried? (Include herbal or over-the-counter medicines.) _____

_____

Was there any improvement? _____

_____

Do you need a work note? ☐ Yes ☐ No

Do you need other medicine refilled? ☐ Yes ☐ No

Provider section

CC _____

HPI ☐ Patient history reviewed

_____

_____

Exam ☐ Well-developed/well-nourished; no acute distress
☐ Vital signs: See flow sheet in chart

	Normal	Abnormal	
Ears	☐	☐	_____
Eyes	☐	☐	_____
Nose	☐	☐	_____
Sinuses	☐	☐	_____
Pharynx	☐	☐	_____
Nodes	☐	☐	_____
Lungs	☐	☐	_____
Heart	☐	☐	_____
Abdomen	☐	☐	_____

Other _____

Assessment _____

☐ Acute nasopharyngitis (common cold) J00
☐ Acute pharyngitis, unspecified J02.9
☐ Acute serous otitis media H65.0X
☐ Acute sinusitis J01.XX
☐ Acute strep. tonsillitis J03.00
☐ Acute suppurative otitis media H66.00X
☐ Acute tonsillitis, unspecified J03.90
☐ Asthma J45.XX
☐ Broncopneumonia J18.0
☐ Conjunctivitis H10.XXX
☐ Flu J11.1
☐ Otitis externa, diffuse H60.31X
☐ Streptococcal pharyngitis J02.0

Plan

☐ Strep test: ☐ (+), see antibiotics below ☐ (-), do culture and sensitivity
☐ Chest X-ray ☐ Rapid flu

Over-the-counter drugs

☐ Claritin ☐ Claritin D bid ☐ Sudafed prn ☐ Other: _____
☐ Allegra: 60mg bid or 180mg/day ☐ Zyrtec: 10mg/day

Prescription drugs

☐ Phenergan VC with Codeine: 1-2 tsp q 4 hr ☐ Other: _____

Antibiotics

☐ Amoxil: ☐ 250mg, ☐ 500mg or ☐ 200/5mL ☐ bid or ☐ tid
☐ Augmentin: ☐ 250mg, ☐ 500mg or ☐ 875mg ☐ bid or ☐ tid
☐ Erythromycin: ☐ 250mg, ☐ 333mg or ☐ 500mg ☐ bid or ☐ tid
☐ Zithromax ☐ Zithromax Tri-Pak ☐ Tessalon Perles 100mg qid
☐ Other: _____

Patient education? ☐ Yes ☐ No

Follow up: ☐ prn or _____ week(s) or _____ month(s)

Physician/provider signature _____ Date: _____

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***FPM* Toolbox** To find more practice resources, visit https://www.aafp.org/fpm/toolbox.

 Related article: https://www.aafp.org/fpm/2004/1000/p53.html. Updated: January 2016.