



**History of Present Illness**

**History of Present Illness**

Any headache, fever, upset stomach?

Difficulty swallowing?

Any associated cold symptoms such as cough, rhinorrhea?

Is the sore throat worse in the morning or during the day?

Length of time of sore throat?

Are symptoms worsening, improving, staying the same?

Any associated fatigue?

Able to swallow liquids or saliva?

Severely increasing throat pain?

Any vomiting, choking, or gagging on foods?

Any change in activity?

Blisters in mouth and/or hands and feet?

**Vitals**

Height

in



Weight  lbs  oz

Respiratory Rate  breaths per minute

Temperature  °F Method

O<sub>2</sub> Saturation  %

[➔ More](#)

### Past, Social, Family History

Any known sick contacts with URI symptoms, strep throat, mono, viral sore throats coxsacklevirus?

Immunizations up-to-date?

Recent travel or exposure to underimmunized areas?

### Past, Social, Family History

### Review of Systems

Make All:

Pos Neg N/A

Sore Throat

Cough

Other

### Physical Exam

Make All:



ABN NL N/E

Head

notes

Ears

notes

Eyes

notes

Nose

notes

Throat

notes

Chest

notes

Abdomen

notes

Lymph Nodes

notes

ABN NL N/E

Skin

notes

add item

notes

**Lab**

CBC with Diff

**Radiology**

**Medical Procedure**

**Supply**

**Medical Test**

**Diagnoses**



add diagnosis  
notes

**Plan**

Select All

Antibiotics  
notes

Fluids  
notes

Symptomatic comfort measures  
notes

Referral to ENT  
notes

No contact sports, or activities, for 6 to 8 weeks  
notes

Recheck in two weeks  
notes

Maalox  
notes

URI measures such as elevation, steam bathroom, humidifier if cleaned daily  
notes

Triple mouthwash  
notes

Other  
notes

add item  
notes

**Plan Notes**

**Medication List**

Drug	Most Recent	First Prescribed

**Navigational Anchors in Sore Throat**

1. HPI
2. Vitals
3. Past, Social, Family History
4. Review of Symptoms
5. Physical Exam
6. Lab
7. Diagnoses
8. Plan
9. Prescriptions