**DISCHARGE DIAGNOSIS:**

@DIAGX@

Primary Care Provider: @PCP@

Notes:

This is a @AGE@ @SEX@ [-\*\*\*-]

Historian: [-Parent-]

Complaint: [-\*\*\*-]

Time course: [-Sudden, Gradual, Unknown-], Onset was [-\*\*\*-] prior to arrival.

Lasting [-\*\*\*-]

Currently Symptomatic: [-Worse-], Quality [-Aching, Dull-]

Severity - Maximum: [-Severe-], Current severity: [-Moderate-]

Associated with: [-Nothing-]

Exacerbated by: [-\*\*\*-]

Relieved by: [-\*\*\*-]

**HPI:**

PMH: @HXPMH@

@PROB@

Past Surg: @HXPSH@

Allergies: @ALG@

Meds: @EDPTMEDCONT@

Social: [-Presents with parent-]

**REVIEW OF SYSTEMS:**

CONSTITUTIONAL: [-No fever-]

CARDIOCVASCULAR: [-No syncope.-]

RESPIRATORY: [-No SOB-]

GI: [-No diarrhea, no vomiting-]

GU: [-No urine changes-]

MUSCULOSKELETAL: [-No muscle dysfunction-]

SKIN: [-No rash-]

NEUROLOGIC: [-No focal changes-]

**PHYSICAL EXAM:**

@VS@

GENERAL: [-Patient is afebrile, Vital signs reviewed, well appearing, Patient appears comfortable, Alert and lucid-]

HEAD: [-Atraumatic-]

EYES: [-Normal to inspection-]

ENT: [-OP moist, Nares patent-]

NECK: [-Normal inspection, Normal Range of Motion. No Nuchal rigidity-]

CARD: [-Regular rate and rhythm, heart sounds normal-]

RESP: [-No respiratory distress, breath sounds normal-]

ABD: [-Soft, non-tender-]

BACK: [-Non-tender-]

MUSC: [-Normal ROM, no pedal edema-]

SKIN: [-Color normal-]

NEURO: [-Awake, alert, and lucid. No motor deficits.-]

PSYCH: [-age appropriate-]

**MEDICAL DECISION MAKING**:

[-\*\*\*-]

**RESULTS:**

Labs: @RESULTRCNT(48h)@

Imaging: @EDORD@

**URGENT CARE COURSE**:

Medications, medical history, allergies, surgical history, hospitalizations, family history, social history, ROS and vitals entered by nursing staff and reviewed by myself.

I discussed with the patient's family the diagnosis, treatment plan, indications for return to the urgent care or emergency department, and for expected follow-up. The family verbalized an understanding. The family is asked if there are any questions or concerns. We discuss the case, until all issues are addressed to the family's satisfaction.

Follow up plan per the discharge instructions including returning to the emergency department or urgent care in the next 12-24hrs if there are increasing symptoms, pain, fevers, or concerns.

Patient's PCP is @PCP@.

**DIAGNOSIS:**

@DIAGX@

@EDPTMEDSTART@

*@MEMD@*

*@NOW@, @TD@*