

D.O.B.:	
SUBJECTIVE	
<i>Allergies:</i>	
<i>Current Medications:</i>	
<i>Previous Medical History:</i>	
<i>Social History:</i>	
<i>Family History:</i>	
OBJECTIVE	
Alert, oriented x 4, NAD	Vitals:
HEENT: CHEST: ABDOMEN: GENITOURINARY: EXTREMITIES: NEUROLOGICAL: MUSCULOSKELETAL: SKIN:	
ASSESSMENT	
1. 2. 3. 4.	
DISCUSSION & PLANS	

Jeffrey Pearson, D.O.
Medicine-in-Motion
120 Craven Rd., Suite 101
San Marcos, CA 92078
(760) 591-0955 (760) 591-3680 FAX www.medicine-in-motion.com

Dictation: Dragon NaturallySpeaking. *Please note that this note was transcribed by computer. While it has been checked for content, some typographical errors may have inadvertently been missed.*