

KICK ASS Medical Record Template

It can be hard to write good records when you are on a time-crunch, however it is very important to good medicine! Feel free to copy and paste and use this template whenever you like to get our records up to scratch!

HISTORY:

Presenting Complaint:

Diet:

UTD deworming/vaccines?:

Ongoing Medical Conditions:

Current Medications:

Any allergies/sensitivities (foods/drugs):

PHYSICAL EXAM:

BAR, mm pink/moist, crt <2sec

BCS ___/9

Temp:

Eyes: clear OU, no squinting, no discharge, pupils responsive and symmetrical

Ears: clear AU, no discharge or swelling

Nose: clear, no discharge

Oral: dental disease ___/4, no ulcerations/masses present

Heart: HR: ___, no murmur, no arrhythmia, strong/synchronous pulses

Lungs: RR: ____, no dyspnea, no trouble breathing, clear lung sounds all fields

Abdomen: No pain on palpation, no mass effect, no fluid wave, no abnormalities

PLN: WNL

MSK: ambulatory x4, no pain on palpation of back/neck, no pain on ROM of joints or neck, no pain on palpation of long bones.

Neuro: CN intact, CP present and WNL x4, mentation appropriate

Integument: NAF

Urogenital: WNL (spayed female/entire female/neutered male/entire male- both testicles descended)

Rectal: ___/not performed

DIAGNOSTICS:

Bloodwork:

– CBC:

– Biochemistry:

– PCV/TP:

– Electrolytes:

– Other:

– Blood Smear Evaluation:

Imaging:

– Radiographs:

– Ultrasound:

– Scope:

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Cytology:
– FNA:
– Ear Swab:
– Skin Swab:
– Body Fluid:

PROBLEM LIST:

DIFFERENTIAL DIAGNOSES:

– Working DDX:
– Other DDX:

OFFERED/DISCUSSED/RECOMMENDED:

1. Prognosis: ____
2. Complications: ____
- 3.
- 4.
- 5.
- 6.

PLAN:

Owners opted for and understand _1,2,____ above.

CLIENT COMMUNICATION:

– Expectations: ____
– Estimate/Finances: ____
– Plan for update/follow up: ____

TREATMENT PLAN:

Fluids:

Medications:

Nursing:

Diagnostics:

Follow Up:

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