Name: _____ Date: _____

Assessment and Documentation

1. A&O	A. dyspnea on exertion
2. abs	B. diagnosis
3. ADLs	C. level of conciousness
4. BM	D. history of
5. BP	E. left lower quadrant
6. Bx, bx	F. activities of daily living
7. c-	G. Left upper quadrant
8. c/o	H. History
9. cc	I. complaint of
10. DOB	J. biopsy
11. DOE	K. Blood Pressure
12. dx	L. chief complaint
13. GI	M. genitourinary
14. GU	N. history and physical
15. H&P	O. Hard of Hearing
16. h/o	P. alert and oriented
17. HOB	Q. History of present illness
18. HOH	R. with
19. HPI	S. date of birth
20. Hx, hx	T. abdomen
21. LLQ	U. Bowel movement
22. LOC	V. no know allegies
23. LUQ	W. Nausea and Vomiting
24. N/V n/v	X. Pulmonary embolism
25. NKA	Y. gastrointestinal

26. PE

Z. Head of bed