

PATIENT'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: M / F  
INFORMANT: ☐patient ☐spouse ☐sibling ☐interpreter ☐other: \_\_\_\_\_ ☐Family present ☐No history available  
DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ PATIENT'S PHYSICIAN: \_\_\_\_\_

CC1 Location	CC2 Quality	CC3 Severity	CC4 Duration	CC5 Timing	CC6 Context	CC7 Modifying Factors
CC8 Associated Signs And Symptoms			[CC9 Status of three or more chronic or inactive conditions documented.			

## TREATMENT

## (T2)ANALYSIS AND RESPONSE

(T4) DIRECT VISUAL & INTERPRETATION IMAGE, TRACING, SPECIMEN

(T8)NOTIFICATION: ☐Social services ☐Protective services ☐Justice of the peace ☐Animal control ☐Poison control ☐Law enforcement ☐Patient representative

## DIAGNOSIS

**STATUS** |

3.

5.

6.

**STATUS:** (A)Improved (B)Well Controlled (C)Resolving (D)Resolved (E)inadequately Controlled (F)Worsening (G)Failing to change as expected.

**Other:**

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[ ] Instruction Sheet Given On:

Released	Admitted	Observation	DOA	Expired	AMA
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     Follow up with (physician/specialist) on:

Return to Emergency Department if any problems before follow up.

<input type="checkbox"/> Transferred to: _____ by Private Car / Ambulance / Helicopter / Other.	
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Attending/Staff Physician notified of disposition: ☐ Yes ☐ No Name: \_\_\_\_\_ Time: \_\_\_\_\_

**Discharge:** Date: \_\_\_\_\_ Time: \_\_\_\_\_ **Condition:** ☐ Stable ☐ Good ☐ Fair ☐ Poor ☐ Critical

**Method:** ☐ Walk ☐ Carried ☐ Crutches ☐ Wheelchair ☐ Stretcher **Accompanied by:** ☐ Self ☐ Family ☐ Friend ☐ Parent ☐ Other:

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Date \_\_\_\_\_

MEDICATIONS: ☐See Other Notes

ALLERGIES: ☐No Known Allergies ☐See Other Notes

EAR, NOSE, AND THROAT - P H Y S I C A L E X A M - EAR, NOSE, AND THROAT

(any 3 of A1 to A7 counts as 1 element)

A1 SITTING BP / STANDING BP / A2 SUPINE BP /

A3 P A4 R A5 T (C / F) A6 HT A7 WT (lbs / kg)

A8 GENERAL APPEARANCE:

A9 COMMUNICATION ABILITY: Quality of Voice:

B HEAD AND FACE B! ☐Normal

B1 INSPECTION HEAD & FACE:

B2 PALPATION/PERCUSSION FACE: ☐sinus tenderness

B3 SALIVARY GLANDS:

B4 FACIAL STRENGTH:

C EYES C ☐Normal

C1 VISUAL ACUITY:

C2 VISUAL FIELD:

C3 OCULAR ADNEXAE: Lids: Lacrimal Glands & Drainage: Orbits: Lymph Nodes:

C4 CONJUNCTIVAE & LIDS: ☐xanthelasma

C5 PUPILS AND IRISES: Shape: Reaction: Size: Morphology:

C6 OPHTHALMOSCOPIC EXAM: ☐C12 done without pupil dilation

C7 OCULAR MOTILITY: Primary Gaze Alignment:

C8 SLIT LAMP EXAM CORNEAS: Epithelium: Stroma: Endothelium: Tear Film:

C9 SLIT LAMP EXAM ANTERIOR CHAMBERS: Depth: Cells: Flare:

C10 SLIT LAMP EXAM LENSES: Clarity: Anterior & Posterior Capsule: Cortex: Nucleus:

C11 INTRAOCULAR PRESSURE:

C12 DILATED PUPILS OPHTHALMOSCOPIC EXAM:

C12a OPTIC DISCS: Size: C/D Ratio: Appearance:

C12b POSTERIOR SEGMENTS: Retina: Vessels:

D EARS, NOSE, MOUTH AND THROAT D! ☐Normal

D1 EXTERNAL EARS & NOSE:

D2 OTOSCOPIC: Pneumo-otoscopy:☐normal tm motility

D3 HEARING: Whispered Voice: Finger Rub: Tuning Fork:

D4 NASAL EXAM: Mucosa: Septum: Turbinates:

D5 LIPS, TEETH, GUMS, & PALATE:

D6 OROPHARYNX: ☐pallor. ☐cyanosis. ☐normal moisture. Oral Mucosa: Tongue: Tonsils:

D7 PHARYNGEAL WALLS AND PYRIFORM SINUSES:

D8 MIRROR EXAM OF LARYNX: Epiglottis: Vocal Cords: Mobility of Larynx:

D9 MIRROR EXAM OF NASOPHARYNX: Mucosa: Adenoids: Eustachian Tubes: Posterior Choanae:

(mirror exam not required in children)

E NECK E! ☐Normal

E1 NECK:

E2 THYROID: E3 JUGULAR VEINS:

F RESPIRATORY F ☐Normal

F1 LUNG AUSCULTATION: ☐normal breath sounds ☐rales ☐rhonchi ☐wheezes

F2 RESPIRATORY EFFORT:

F3 CHEST PERCUSSION:

F4 CHEST INSPECTION:

F5 CHEST PALPATION:

G CARDIOVASCULAR G ☐Normal

G1 PALPATION OF HEART:

G2 AUSCULTATION OF HEART:

G3 PERIPHERAL VASCULAR SYSTEM: ☐edema ☐varicosities ☐tenderness Pulses: Temperature:

G4 CAROTID ARTERIES: ☐no bruits

G5 FEMORAL ARTERIES:

G6 BLOOD PRESSURE: RT ARM LT ARM

G7 BLOOD PRESSURE: RT LEG LT LEG

G8 ABDOMINAL AORTA:

G9 PEDAL PULSES:

Detailed: at least twelve elements.  
Expanded Problem Focused: at least six elements  
Problem Focused: one to five elements  
Comprehensive: at least one element from each systems/body areas and all elements in systems/body areas identified with "r"

ET-1/98

H CHEST (BREASTS) H ☐Normal

H1 APPEARANCE:

H2 PALPATION BREASTS & AXILLAE:

J GASTROINTESTINAL (ABDOMEN) J ☐Normal

J1 ABDOMEN: ☐no masses ☐nontender ☐normal bowel sounds

J2 LIVER & SPLEEN: ☐not enlarged

J3 HERNIA: ☐absent ☐present

J4 ANUS, PERINEUM, & RECTUM:

J5 STOOL OCCULT BLOOD: ☐negative ☐positive

K GENITOURINARY K ☐Normal

MALE

K1 ANUS & PERINEUM INSPECTION:

K2 SCROTUM:

K3 PENIS:

K4 EPIDIDYMITIS:

K5 TESTES:

K6 URETHRAL MEATUS:

K7 DIGITAL RECTAL

K7a PROSTATE GLAND:

K7b SEMINAL VESICLES:

K7c SPHINCTER TONE:

HEMORRHOIDS:

RECTAL MASSES:

FEMALE

K8 DIGITAL RECTAL EXAM

K8a SPHINCTER TONE:

HEMORRHOIDS:

RECTAL MASSES:

K9 PELVIC EXAMINATION

K9a EXTERNAL GENITALIA:

K9b URETHRA:

K9c URETHRAL MEATUS:

K9d BLADDER:

K9e VAGINA:

K9f CERVIX:

K9g UTERUS:

K9h ADNEXA/PARAMETRIA:

K9i ANUS AND PERINEUM:

(One or all the elements together  
below counts as only one element)

L LYMPHATIC L ☐Normal

L1 NECK PALPATION:

L2 AXILLAE PALPATION:

L3 GROIN PALPATION:

L4 OTHER:

M MUSCULOSKELETAL M ☐Normal

M1 BACK: ☐kyphosis ☐scoliosis

M2 GAIT & STATION: ☐able to exercise

M3 JOINTS, BONES, & MUSCLES/TENDONS

M3a HEAD & NECK

INSPECTION/PALPATION:

RANGE OF MOTION: ☐pain ☐normal

STABILITY:

M3aa MUSCLE STRENGTH & TONE:

M3aa ☐atrophy ☐abnormal movements

M3b SPINE, RIBS, & PELVIS

INSPECTION/PALPATION:

RANGE OF MOTION: ☐pain ☐normal

STABILITY:

M3ba MUSCLE STRENGTH & TONE:

M3ba ☐atrophy ☐abnormal movements

-----PROGRESS / RECHECKS (include time)-----

## N EXTREMITIES N ☐Normal

### N1 JOINTS, BONES, & MUSCLES

#### N1a RIGHT UPPER EXTREMITY

INSPECTION/PALPATION: ☐clubbing ☐cyanosis ☐ischemia

RANGE OF MOTION: ☐pain

STABILITY:

N1aa MUSCLE STRENGTH & TONE: ☐atrophy ☐abnormal movement

#### N1b LEFT UPPER EXTREMITY

INSPECTION/PALPATION: ☐clubbing ☐cyanosis ☐ischemia

RANGE OF MOTION: ☐pain

STABILITY:

N1ba MUSCLE STRENGTH & TONE: ☐atrophy ☐abnormal movement

#### N1c RIGHT LOWER EXTREMITY

INSPECTION/PALPATION: ☐clubbing ☐cyanosis ☐ischemia

RANGE OF MOTION: ☐pain

STABILITY:

N1ca MUSCLE STRENGTH & TONE: ☐atrophy ☐abnormal movement

#### N1d LEFT LOWER EXTREMITY

INSPECTION/PALPATION: ☐clubbing ☐cyanosis ☐ischemia

RANGE OF MOTION: ☐pain

STABILITY:

N1da MUSCLE STRENGTH & TONE: ☐atrophy ☐abnormal movement

### N2 DIGITS & NAILS (INSPECTION AND/OR PALPATION): ☐clubbing ☐cyanosis ☐ischemia

## P SKIN P ☐Normal

### P1 ECCRINE & APOCRINE GLANDS (INSPECTION):

P2 HAIR (INSPECTION): Scalp:	Eyebrows:	Face:	Chest:	Pubic:	Extremities:
P3 SKIN & SUBCUTANEOUS TISSUE (INSPECTION AND PALPATION)					SKIN TURGOR: <input type="checkbox"/> normal <input type="checkbox"/> decreased
P3a HEAD AND NECK:			P3f RIGHT UPPER EXTREMITY:		
P3b CHEST, BREASTS, & BACK:			P3g LEFT UPPER EXTREMITY:		
P3c SPINE RIBS AND PELVIS:			P3h RIGHT LOWER EXTREMITY:		
P3d ABDOMEN:			P3i LEFT LOWER EXTREMITY:		
P3e GENITALIA:			P3j SCALP PALPATION:		

## R NEUROLOGIC R ☐Normal

### R1 CRANIAL NERVES:

1 <sup>st</sup> -Smell: <input type="checkbox"/> normal	8 <sup>th</sup> -Hearing with tuning fork, Whispered voice: <input type="checkbox"/> normal
2 <sup>nd</sup> -Visual acuity, Visual fields, Fundi: <input type="checkbox"/> normal	9 <sup>th</sup> 10 <sup>th</sup> -Uvula elevation, Gag reflex: <input type="checkbox"/> normal
3 <sup>rd</sup> 4 <sup>th</sup> 6 <sup>th</sup> -Pupils, Eye movements: <input type="checkbox"/> normal	11 <sup>th</sup> -Shoulder shrug strength: <input type="checkbox"/> normal
5 <sup>th</sup> -Facial sensation, Corneal reflexes: <input type="checkbox"/> normal	12 <sup>th</sup> -Tongue protrusion: <input type="checkbox"/> normal
7 <sup>th</sup> -Facial symmetry, Strength: <input type="checkbox"/> normal	NOTES: _____

### R2 ATTENTION SPAN AND CONCENTRATION:

R3 LANGUAGE: ☐naming objects normally ☐repeating phrases normally ☐has spontaneous speech

R4 FUND OF KNOWLEDGE: ☐current events normal ☐past history normal ☐vocabulary normal

R5 COORDINATION: ☐finger/nose normal ☐heel/knee/shin normal ☐fine motor normal

RAPID ALTERNATING MOVEMENTS: ☐upper extremities normal ☐lower extremities normal

R6 DEEP TENDON RELEXES: ☐babinski negative ☐babinski positive

R7 SENSORY EXAM: ☐touch normal ☐pin normal ☐vibration normal ☐proprioception normal

## S PSYCHIATRIC S ☐Normal

### S1 JUDGEMENT & INSIGHT:

### S2 MENTAL STATUS

S2a **ORIENTATION:** ☐time ☐person ☐place

S2b **MEMORY:** ☐recent memory normal ☐remote memory normal

S2c **MOOD & AFFECT:** ☐depression ☐anxiety ☐agitation ☐hypomania ☐lability

S3 ASSOCIATIONS: ☐loose ☐tangential ☐circumstantial ☐intact

S4 THOUGHT PROCESSES: ☐logical ☐illogical ☐tangential

Rate Of Thoughts:		Abstract Reasoning:		Computation:	
S5 SPEECH: Rate:	Volume:	Articulation:	Coherence:	Spontaneity:	
S6 ABNORMAL THOUGHT: <input type="checkbox"/> hallucinations <input type="checkbox"/> delusions <input type="checkbox"/> preoccupation with violence					
<input type="checkbox"/> homicidal ideation <input type="checkbox"/> suicidal ideation <input type="checkbox"/> obsessions					