

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. | | | |

DIAGNOSIS

| | | |
|--|---|--|
| (T5)PHYSICIAN CONSULTATIONS: | (T6) <input type="checkbox"/> Discussion with radiologist | (T7) <input type="checkbox"/> Discussion/History with family |
| (T8)NOTIFICATION: <input type="checkbox"/> Social services <input type="checkbox"/> Protective services <input type="checkbox"/> Justice of the peace <input type="checkbox"/> Animal control <input type="checkbox"/> Poison control <input type="checkbox"/> Law enforcement <input type="checkbox"/> Patient representative | | |

| DIFFERENTIAL DIAGNOSIS: | |
|-------------------------|--------|
| DIAGNOSIS | STATUS |
| 1. | |
| 2. | |
| 3. | |

| DIAGNOSIS | STATUS |
|-----------|--------|
| 4. | |
| 5. | |
| 6. | |

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

Prescription(s): _____

Other: _____

☐ Instruction Sheet Given On: _____

☐ Released ☐ Admitted ☐ Observation ☐ DOA ☐ Expired ☐ AMA

☐ Follow up with (physician/specialist) on: _____ ☐ Return to Emergency Department if any problems before follow up.

☐ Transferred to: _____ by Private Car / Ambulance / Helicopter / Other.

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: _____

| | | |
|------------------------|-----------------------|------|
| Print Physician's Name | Physician's Signature | Date |
|------------------------|-----------------------|------|

MEDICATIONS: ☐See Other Notes

ALLERGIES: ☐No Known Allergies ☐See Other Notes

| | | | |
|--|--|--|--|
| SKIN - P H Y S I C A L E X A M - SKIN | | | |
| !A CONSTITUTIONAL A! <input type="checkbox"/> See Other Notes | | | |
| A1 SITTING 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 <input type="checkbox"/> Normal | | | |
| B1 INSPECTION HEAD & FACE: | | | |
| B2 PALPATION/PERCUSSION FACE: <input type="checkbox"/> sinus tenderness | | | |
| B3 SALIVARY GLANDS: | | | |
| B4 FACIAL STRENGTH: | | | |
| C EYES C <input type="checkbox"/> Normal | | | |
| C1 VISUAL ACUITY: | | | |
| C2 VISUAL FIELD: | | | |
| C3 OCULAR ADNEXAE: Lids: | | Lacrimal Glands & Drainage: Orbits: Lymph Nodes: | |
| C4 CONJUNCTIVAE & LIDS: <input type="checkbox"/> xanthelasma | | | |
| C5 PUPILS AND IRISES: Shape: | | Reaction: Size: Morphology: | |
| C6 OPHTHALMOSCOPIC EXAM: <input type="checkbox"/> 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! <input type="checkbox"/> Normal | | | |
| D1 EXTERNAL EARS & NOSE: | | | |
| D2 OTOSCOPIC: | | Pneumo-otoscopy: <input type="checkbox"/> normal tm motility | |
| D3 HEARING: Whispered Voice: | | Finger Rub: Tuning Fork: | |
| D4 NASAL EXAM: Mucosa: | | Septum: Turbinates: | |
| D5 LIPS, TEETH, GUMS, & PALATE: | | | |
| D6 OROPHARYNX: <input type="checkbox"/> pallor. <input type="checkbox"/> cyanosis. <input type="checkbox"/> 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 <input type="checkbox"/> Normal | | | |
| E1 NECK: | | E3 JUGULAR VEINS: | |
| E2 THYROID: | | | |
| F RESPIRATORY F <input type="checkbox"/> Normal | | | |
| F1 LUNG AUSCULTATION: <input type="checkbox"/> normal breath sounds <input type="checkbox"/> rales <input type="checkbox"/> rhonchi <input type="checkbox"/> wheezes | | | |
| F2 RESPIRATORY EFFORT: | | F4 CHEST INSPECTION: | |
| F3 CHEST PERCUSSION: | | F5 CHEST PALPATION: | |
| G CARDIOVASCULAR G <input type="checkbox"/> Normal | | | |
| G1 PALPATION OF HEART: | | | |
| G2 AUSCULTATION OF HEART: | | | |
| G3 PERIPHERAL VASCULAR SYSTEM: <input type="checkbox"/> edema <input type="checkbox"/> varicosities <input type="checkbox"/> tenderness | | Pulses: Temperature: | |
| G4 CAROTID ARTERIES: <input type="checkbox"/> no bruits | | G7 BLOOD PRESSURE: RT LEG LT LEG | |
| G5 FEMORAL ARTERIES: | | G8 ABDOMINAL AORTA: | |
| G6 BLOOD PRESSURE: RT ARM LT ARM | | 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 "P".

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: <input type="checkbox"/> pain <input type="checkbox"/> normal STABILITY: M3aa MUSCLE STRENGTH & TONE: M3aa <input type="checkbox"/> atrophy <input type="checkbox"/> abnormal movements | M3b SPINE, RIBS, & PELVIS INSPECTION/PALPATION: RANGE OF MOTION: <input type="checkbox"/> pain <input type="checkbox"/> normal STABILITY: M3ba MUSCLE STRENGTH & TONE: M3ba <input type="checkbox"/> atrophy <input type="checkbox"/> 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 (Comprehensive level: document 4 of: P3a, P3b, P3d, P3 e, [P3f,g,h,i])

P1 ECCRINE & APOCRINE GLANDS (INSPECTION):

P2 HAIR (INSPECTION): Scalp: Eyebrows: Face: Chest: Pubic: Extremities:

P3 SKIN & SUBCUTANEOUS TISSUE (INSPECTION AND PALPATION) SKIN TURGOR: ☐normal ☐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:

1st-Smell: ☐normal

8th-Hearing with tuning fork, Whispered voice: ☐normal

2nd-Visual acuity, Visual fields, Fundi: ☐normal

9th 10th-Uvula elevation, Gag reflex: ☐normal

3rd 4th 6th-Pupils, Eye movements: ☐normal

11th-Shoulder shrug strength: ☐normal

5th-Facial sensation, Corneal reflexes: ☐normal

12th-Tongue protrusion: ☐normal

7th-Facial symmetry, Strength: ☐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: ☐hallucinations ☐delusions ☐preoccupation with violence

☐homicidal ideation ☐suicidal ideation ☐obsessions