

**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.

[ ]Nursing Record and Vital Signs Reviewed
[ ]See Physician Continuation Notes

(T1A)LAB / (T1B)X-RAY / MEDS, & TREATMENTS	ORDERED/DONE/COMPLETED	(T2)ANALYSIS AND RESPONSE
(T1C)[]EKG []CARDIAC MONITOR		
[]CXR []ABD XRay		
[]CBC		
[]LYTES []RENAL []GLUCOSE		
[]LIVER		
[]AMYLASE/LIPASE		
[]U/A []FOLEY		
[]CARDIAC ENZYMES		
[]IV		
[]IV		
[]O2 []ABG (T3)[]OLD RECORDS (also see PH2)		(T4)[]DIRECT VISUAL & INTERPRETATION IMAGE, TRACING, SPECIMEN

(T5)PHYSICIAN CONSULTATIONS: \_\_\_\_\_ (T6)[] Discussion with radiologist (T7)[] Discussion/History with family

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

DIFFERENTIAL DIAGNOSIS:

<u>DIAGNOSIS</u>	<u>STATUS</u>	<u>DIAGNOSIS</u>	<u>STATUS</u>
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

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

<b>Prescription(s):</b> _____ _____		
<b>Instructions:</b> _____ _____ _____ <div style="text-align: right; padding-right: 50px;"> <input type="checkbox"/> Instruction Sheet Given On: _____         </div>		
<input type="checkbox"/> Follow up with (physician/specialist) on: _____ <input type="checkbox"/> Referred to: _____		
<b>Discharge:</b> Date: _____ Time: _____ <b>Condition:</b> <input type="checkbox"/> Stable <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Critical <b>Method:</b> <input type="checkbox"/> Walk <input type="checkbox"/> Carried <input type="checkbox"/> Crutches Wheelchair <input type="checkbox"/> Stretcher <b>Accompanied by:</b> <input type="checkbox"/> Self <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		
_____ Print Physician's Name	_____ Physician's Signature	_____ Date

MEDICATIONS: ☐See Other Notes

ALLERGIES: ☐No Known Allergies ☐See Other Notes

CARDIOVASCULAR - P H Y S I C A L E X A M - CARDIOVASCULAR

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

A1 SITTING BP \_\_\_\_\_ / \_\_\_\_\_

A3 P \_\_\_\_\_

A8 GENERAL APPEARANCE:

A9 COMMUNICATION ABILITY:

STANDING BP \_\_\_\_\_ / \_\_\_\_\_

A4 R \_\_\_\_\_

A5 T \_\_\_\_\_ (C / F)

A6 HT \_\_\_\_\_

A2 SUPINE BP \_\_\_\_\_ / \_\_\_\_\_

A7 WT \_\_\_\_\_ (lbs / kg)

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: \_\_\_\_\_ F4 CHEST INSPECTION: \_\_\_\_\_

F3 CHEST PERCUSSION: \_\_\_\_\_ 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 area identified with "r".

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:**

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: ☐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:

1<sup>st</sup>-Smell: ☐normal

8<sup>th</sup>-Hearing with tuning fork, Whispered voice: ☐normal

2<sup>nd</sup>-Visual acuity, Visual fields, Fundi: ☐normal

9<sup>th</sup> 10<sup>th</sup>-Uvula elevation, Gag reflex: ☐normal

3<sup>rd</sup> 4<sup>th</sup> 6<sup>th</sup>-Pupils, Eye movements: ☐normal

11<sup>th</sup>-Shoulder shrug strength: ☐normal

5<sup>th</sup>-Facial sensation, Corneal reflexes: ☐normal

12<sup>th</sup>-Tongue protrusion: ☐normal

7<sup>th</sup>-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 (NEUROLOGICAL / 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