

**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

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 \_\_\_\_\_ / \_\_\_\_\_

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

A8 GENERAL APPEARANCE:

A9 COMMUNICATION ABILITY: \_\_\_\_\_

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

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

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

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

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: \_\_\_\_\_

C4 CONJUNCTIVAE & LIDS: ☐xanthelasma

C5 PUPILS AND IRISES: Shape: \_\_\_\_\_

C6 OPHTHALMOSCOPIC EXAM: ☐C12 done without pupil dilation

C7 OCULAR MOTILITY:

C8 SLIT LAMP EXAM CORNEAS: Epithelium: \_\_\_\_\_

C9 SLIT LAMP EXAM ANTERIOR CHAMBERS: Depth: \_\_\_\_\_

C10 SLIT LAMP EXAM LENSES: Clarity: \_\_\_\_\_

C11 INTRAOCULAR PRESSURE:

C12 DILATED PUPILS OPHTHALMOSCOPIC EXAM:

C12a OPTIC DISCS: Size: \_\_\_\_\_

C12b POSTERIOR SEGMENTS: Retina: \_\_\_\_\_

Lacrimal Glands & Drainage: \_\_\_\_\_

Orbits: \_\_\_\_\_

Lymph Nodes: \_\_\_\_\_

Reaction: \_\_\_\_\_

Size: \_\_\_\_\_

Morphology: \_\_\_\_\_

Primary Gaze Alignment: \_\_\_\_\_

Stroma: \_\_\_\_\_

Endothelium: \_\_\_\_\_

Tear Film: \_\_\_\_\_

Cells: \_\_\_\_\_

Flare: \_\_\_\_\_

Anterior & Posterior Capsule: \_\_\_\_\_

Cortex: \_\_\_\_\_

Nucleus: \_\_\_\_\_

Appearance: \_\_\_\_\_

Vessels: \_\_\_\_\_

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

D1 EXTERNAL EARS & NOSE:

D2 OTOSCOPIC: \_\_\_\_\_

D3 HEARING: Whispered Voice: \_\_\_\_\_

D4 NASAL EXAM: Mucosa: \_\_\_\_\_

D5 LIPS, TEETH, GUMS, & PALATE:

D6 OROPHARYNX: ☐pallor. ☐cyanosis. ☐normal moisture. Oral Mucosa: \_\_\_\_\_

D7 PHARYNGEAL WALLS AND PYRIFORM SINUSES:

D8 MIRROR EXAM OF LARYNX: Epiglottis: \_\_\_\_\_

D9 MIRROR EXAM OF NASOPHARYNX: Mucosa: \_\_\_\_\_

(mirror exam not required in children)

Pneumo-otoscopy:☐normal tm motility

Finger Rub: \_\_\_\_\_

Tuning Fork: \_\_\_\_\_

Septum: \_\_\_\_\_

Turbinates: \_\_\_\_\_

Tongue: \_\_\_\_\_

Tonsils: \_\_\_\_\_

Vocal Cords: \_\_\_\_\_

Mobility of Larynx: \_\_\_\_\_

Adenoids: \_\_\_\_\_

Eustachian Tubes: \_\_\_\_\_

Posterior Choanae: \_\_\_\_\_

!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

G4 CAROTID ARTERIES: ☐no bruits

G5 FEMORAL ARTERIES: \_\_\_\_\_

G6 BLOOD PRESSURE: RT ARM \_\_\_\_\_

LT ARM \_\_\_\_\_

Pulses: \_\_\_\_\_

Temperature: \_\_\_\_\_

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		