

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.

Prescription(s): _____ _____		
Instructions: _____ _____ _____ <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: _____		
Discharge: Date: _____ Time: _____ Condition: <input type="checkbox"/> Stable <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Critical Method: <input type="checkbox"/> Walk <input type="checkbox"/> Carried <input type="checkbox"/> Crutches Wheelchair <input type="checkbox"/> Stretcher Accompanied by: <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

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

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

A1 SITTING BP _____ / _____

A3 P _____

A8 GENERAL APPEARANCE:

A9 COMMUNICATION ABILITY:

A2 SUPINE BP _____ / _____

A4 R _____

A5 T _____ (C / F)

A6 HT _____

A7 WT _____ (lbs / kg)

STANDING BP _____ / _____

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

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:

Pulses: _____ Temperature: _____

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

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:

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