|  |
| --- |
| Section 1: Vital Measurements STAFF ID:\_\_ \_\_ \_\_ |
| Supine measurements |
| Blood pressure (mmHg) | Heart Rate | Respiratory Rate |
| / Systolic diastolic | beats/min | breaths/min |
| *Please specify how many minutes*Standing for \_\_ \_\_ minutes  |
| Blood pressure (mmHg) | Heart Rate | Respiratory Rate |
| / Systolic diastolic | beats/min | breaths/min |
| Oral Temperature: .°FWeight: . lbs. Height:  ft.. in. Neck Circumference: in.Waist Circumference: in. Hip Circumference: in.  |

| **Physical examination** | **Comments**If abnormal, explain or describe below |
| --- | --- |
| **1. Head** Normal Alopecia*Hair* 1 *[ ]* 2 *[ ]*  Normal Abnormal*Scalp* 1 *[ ]* 2 *[ ]*  |  |
| **Head summary**Normal Abnormal Exam not done 1 *[ ]* 2 *[ ]* 3 *[ ]*  |  |
| **2. Oral cavity** Absent Present *Mercury fillings* 1 *[ ]* 2 *[ ]*  Good Poor Edentulous *Dentition* 1 *[ ]* 2 *[ ]* 3 *[ ]*  Good Fair Poor *Gums* 1 *[ ]* 2 *[ ]* 3 *[ ]*  Normal Abnormal*Oropharynx* 1 *[ ]* 2 *[ ]*  |  |
| **Oral status summary**Normal Abnormal Exam not done 1 *[ ]* 2 *[ ]* 3 *[ ]*  |  |
| **3. Neck** Yes No*Supple* 1 *[ ]* 2 *[ ]*  No Yes*Masses* 1 *[ ]* 2 *[ ]* *Jugular venous* Absent Present*Distension* 1 *[ ]* 2 *[ ]*  |  |
| **Neck summary** Normal Abnormal Exam not done 1 *[ ]* 2 *[ ]* 3 *[ ]*  |  |
| **4. Thyroid** No Yes*Visible* 1*[ ]* 2 *[ ]* *Palpable* 1 *[ ]* 2 *[ ]* *Nodules* 1 *[ ]* 2 *[ ]* *Size* 1 *[ ]* 2 *[ ]*  |  |
| **Thyroid summary** Normal Abnormal Exam not done 1 *[ ]* 2 *[ ]* 3 *[ ]*  |  |
| **5. Eyes**Pupils Yes No*Equal* 1 *[ ]* 2 *[ ]* *Round* 1 *[ ]* 2 *[ ]* *Reactive* 1 *[ ]* 2 *[ ]* *Accommodate* 1 *[ ]* 2 *[ ]*  Normal Icteric Other*Sclera* 1 *[ ]* 2 *[ ]* 3 *[ ]*  Normal Abnormal*Fundoscopic* 1 *[ ]* 2 *[ ]* *Photophobia* 1 *[ ]* 2 *[ ]*  |  |
| **Eyes summary** Normal Abnormal Exam not done 1 *[ ]* 2 *[ ]* 3 *[ ]*  |  |
| **6. Ears** Normal Abnormal*Tympanic membrane* 1 *[ ]* 2 *[ ]* *Canals* 1 [ ]  2 [ ]  |  |
| **Ears summary** Normal Abnormal Exam not done 1 *[ ]* 2 *[ ]* 3 *[ ]*  |  |
| **7. Nose** Normal Abnormal*Nasal mucosa* 1 *[ ]* 2 *[ ]*  |  |
| **Nose summary** Normal Abnormal Exam not done 1 *[ ]* 2 *[ ]* 3 *[ ]*  |  |
|  **8. Pharynx** Normal Abnormal *Mucosa*  1 *[ ]* 2 *[ ]*  *Volume adequate* 1 *[ ]* 2 *[ ]*  *Tongue large*  1 *[ ]* 2 *[ ]*  *TMJ tender*  1 *[ ]* 2 *[ ]*  |  |
| **Pharynx summary** Normal Abnormal Exam not done 1 *[ ]* 2 *[ ]* 3 *[ ]*  |  |
| **9. Chest** Normal Abnormal*Shape* 1 *[ ]* 2 *[ ]*  |  |
| **Chest summary** Normal Abnormal Exam not done 1 *[ ]* 2 *[ ]* 3 *[ ]*  |  |
| **10. Lungs** Normal Abnormal*Chest percussion* 1 *[ ]* 2 *[ ]* *Lung auscultation*(sound, rales, crepitations) 1 [ ]  2 [ ]  |  |
| **Lungs summary** Normal Abnormal Exam not done 1 *[ ]* 2 *[ ]* 3 *[ ]*  |  |
| **11. Heart and large arteries** Normal Abnormal*Heart palpation* 1 *[ ]* 2 *[ ]* *Heart auscultation**(rate, rhythm, murmurs,* *extra sounds)* 1 *[ ]* 2 *[ ]* *Carotid artery* *Auscultation/Pain* Absent Present*(****systolic bruit)***1 *[ ]* 2 *[ ]* *Abdominal artery* *auscultation (bruit)* 1 *[ ]* 2 *[ ]*  |  |
| **Heart and large arteries summary** Normal Abnormal Exam not done 1 *[ ]* 2 *[ ]* 3 *[ ]*  |  |
| **12a. Abdomen** Normal Abnormal*Bowel Sounds* 1 *[ ]* 2 *[ ]*  No Yes*Tenderness* 1 *[ ]* 2 *[ ]* *Masses* 1 [ ]  2 [ ]  |  |
| **Abdomen summary** Normal Abnormal Exam not done 1 *[ ]* 2 *[ ]* 3 *[ ]*  |  |
| **12b. Liver** No Yes*Palpable* 1 [ ]  2 [ ]  | *If palpable, describe here* |
| **Liver summary** Normal Abnormal Exam not done 1 *[ ]* 2 *[ ]* 3 *[ ]*  |  |
| **12c. Spleen** No Yes*Palpable* 1 [ ]  2 [ ]  | *If palpable, describe here* |
| **Spleen summary** Normal Abnormal Exam not done 1 *[ ]* 2 *[ ]* 3 *[ ]*  |  |
| **13. Extremities** No Yes*Edematous* 1 *[ ]* 2 *[ ]* *Dependent rubor* 1 *[ ]* 2 *[ ]*

|  |  |  |
| --- | --- | --- |
| **Pulses** | Left | Right |
| *Radial* |  |  |
| *Femoral* |  |  |
| *Tibial art. or dorsalis pedis artery* |  |  |

 |  |
| **Extremities summary** Normal Abnormal Exam not done 1 *[ ]* 2 *[ ]* 3 *[ ]*  |  |
| **14. Joints Muscles ( review swelling, heat or redness,**  **nodularity, ROM, extensiblity, tender points)** Normal Abnormal*Spine* 1 *[ ]* 2 *[ ]* *Shoulders* 1 *[ ]* 2 *[ ]* *Elbows* 1 *[ ]* 2 *[ ]* *Wrists* 1 *[ ]* 2 *[ ]* *Hands* 1 *[ ]* 2 *[ ]* *Hips* 1 *[ ]* 2 *[ ]* *Knees* 1 *[ ]* 2 *[ ]* *Ankles* 1 *[ ]* 2 *[ ]* *Feet* 1 *[ ]* 2 *[ ]*  |  |
| **Joints and muscles summary** Normal Abnormal Exam not done 1 *[ ]* 2 *[ ]* 3 *[ ]*  |  |
| **15. Skin** Absent Present*Jaundice* 1 *[ ]* 2 *[ ]* *Acne* 1 *[ ]* 2 *[ ]* *Ulcerations* 1 *[ ]* 2 *[ ]* *Rash* 1 *[ ]* 2 *[ ]* *Lesions* 1 *[ ]* 2*[ ]* *Too dry* 1 *[ ]* 2 *[ ]*  |  |
| **Skin summary** Normal Abnormal Exam not done 1 *[ ]* 2 *[ ]* 3 *[ ]*  |  |
| **16. Lymph Nodes***Cervical* Normal Enlarged Tender*Posterior* 1 *[ ]* 2 *[ ]* 3 *[ ]* Anterior 1 [ ]  2 [ ]  3 [ ] *Supraclavicular* 1 *[ ]* 2 *[ ]* 3 *[ ]* *Axillary* 1 *[ ]* 2 *[ ]* 3 *[ ]* *Inguinal* 1 *[ ]* 2 *[ ]* 3 *[ ]*  | *Note if supraclavicular fullness present.* |
| **Lymph nodes summary** Normal Abnormal Exam not done 1 *[ ]* 2 *[ ]* 3 *[ ]*  |  |
| **17. Neurologic***17a. Cerebellar* Normal Abnormal*Finger-Nose-Finger* 1 *[ ]* 2 *[ ]* *Gait* 1 *[ ]* 2 *[ ]* *Heel to shin* 1 *[ ]* 2 *[ ]* *Tandem stance/gait* 1 *[ ]* 2 *[ ]*  *with augmentation* 1 *[ ]* 2 *[ ]*  Negative Positive*Romberg* 1 *[ ]* 2 *[ ]* *Handedness* Right hand Left hand Both hands 1 *[ ]* 2 *[ ]  3 [ ]*  |  |
| **Cerebellar summary** Normal Abnormal Exam not done 1 *[ ]* 2 *[ ]* 3 *[ ]*  |  |
| 17b. Cranial Nerves Normal Abnormal*Visual fields**(confrontation)* 1 *[ ]* 2 *[ ]* *Shoulder raise* 1 *[ ]* 2 *[ ]* *Hearing (gross)* 1 *[ ]* 2 *[ ]* *Extra ocular muscles* 1 *[ ]* 2 *[ ]* *Facial expression* 1 *[ ]* 2 *[ ]*  |  |
| **Cranial nerves summary** Normal Abnormal Exam not done 1 *[ ]* 2 *[ ]* 3 *[ ]*  |  |
| *17c. Sensory (hands, feet)* Normal Abnormal*Light touch* 1 *[ ]* 2 *[ ]* *Pinprick* 1 *[ ]* 2 *[ ]* *Vibration* 1 *[ ]* 2 *[ ]* *Proprioception**(great toe, up/down* 1 *[ ]* 2 *[ ]*  |  |
| **Sensory (hands, feet) summary** Normal Abnormal Exam not done 1 *[ ]* 2 *[ ]* 3 *[ ]*  |  |
|  |  |
| *17d. Muscles*  Normal Abnormal*Tone* 1 *[ ]* 2 *[ ]* *Atrophy* 1 *[ ]* 2 *[ ]* *Rise from chair to**tip toes* 1 *[ ]* 2 *[ ]*  Absent Present*Involuntary movements* 1 *[ ]* 2 *[ ]* *Proximal muscle strength* Normal Abnormal1 *[ ]* 2 *[ ]*  *Distal muscle strength* Normal Abnormal1 *[ ]* 2 *[ ]*  |  |
| **Muscle strength summary** Normal Abnormal Exam not done 1 *[ ]* 2 *[ ]* 3 *[ ]*  |  |
| *17e. Reflexes* Normal Abnormal Hyper*Biceps* 1 *[ ]* 2 *[ ]* 3 *[ ]* *Triceps* 1 *[ ]* 2 *[ ]* 3 *[ ]* *Patellar* 1 *[ ]* 2 *[ ]* 3 *[ ]* *Ankle Jerk* 1 *[ ]* 2 *[ ]* 3 *[ ]*  Absent Present*Babinski* 1 *[ ]* 2 *[ ]*  |  |
| **Reflexes summary** Normal Abnormal Exam not done 1 *[ ]* 2 *[ ]* 3 *[ ]*  |  |
| **Neurologic summary** Normal Abnormal Exam not done 1 *[ ]* 2 *[ ]* 3 *[ ]*  |  |
| **18. Mental and Psychological Status** Normal Abnormal*Affect* 1 *[ ]* 2 *[ ]* *Speech* 1 *[ ]* 2 *[ ]* *Orientation.............................* 1 *[ ]* 2 *[ ]* *Thoughts.............................* 1 *[ ]* 2 *[ ]*  |  |
| **Mental/Psychological status summary** Normal Abnormal Exam not done 1 *[ ]* 2 *[ ]* 3 *[ ]*  |  |
| **19. Other** (specify)Mental status Normal Abnormal  1 *[ ]* 2 *[ ]*  |  |
| **20. Other** (specify) |  |
| **21. Other** (specify) |  |

**Section 4: Clinical Impressions/ Differential Diagnoses**

**Impression: Overall impression of this patient**

[*Mental status, physical condition, over - or underweight, age corresponding to calendar or not, systems with problems, etc. If you find anything abnormal -what differential diagnoses would you pursue should this be your (not a study) patient]*