|  |  |  |
| --- | --- | --- |
| 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* 12  *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 Abnormal  1 2  *Distal muscle strength* Normal Abnormal  1 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]*