

ID: _____
Name Age Gender Hospital number

CC:

HPI: *Characterization of symptoms: when did you first feel unwell?*

Symptom + Location	Onset/chronology Provoked?	Duration Timing + Freq	Quantity (1-10) Severity
Quality	Aggravating Factors	Alleviating Factors	Associated Sx/ RF

course of sx **radiation** progression since onset personal hx constant vs. intermittent function/quality of life

System-related ROS:

REVIEW HPI "Is there anything else you would like to tell me?"

<p>IMPRESSION: 1.</p>	<p>PLAN: 1.</p>
----------------------------------	----------------------------

PMH:
General:

SURGICAL & OB :

Type Date Complications Result

Major Illnesses – DM HTN Lipids CAD Thyroid
 Stroke/TIA Lung Liver Kidney CHF CA

MEDICAL HX: Hospitalizations and major medical problems:

<u>Diagnosis</u>	<u>Date</u>	<u>Presentation</u>	<u>Treatment</u>	<u>Sequelae</u>	<u>Hospitalizations</u>

MEDS: Dose Freq Route Since when Side Effects

ALLERGIES:

Health maintenance: PAP mammogram FOBT/Scope PSA

Lipids TC LDL HDL TG Fasting glucose DEXA

Immunizations:

Infectious illnesses: measles, mumps, rubella, DPT, chickenpox, scarlet fever
 rheumatic fever, pneumonia, TB, hepatitis

Injuries/disability:

Recent travel:

SOCIAL HX:

Occupation:

Hometown:

Partner:

Children:

Smoking

EtOH

Drug Use

Diet?

Exercise?

Caffeinated beverages?

SEXUAL HX: Sexually active? Y N Men, women, or both?
 Having any concerns? Frequency, type, satisfaction with intercourse
 age at 1st intercourse _____ number of partners _____

G ___ P _____

FAMILY HX: *age, current health, major illnesses, cause of death*

Father

Mother

Grandparents

Siblings

CAD?

CHF?

HTN?

Lipid disorder?

STROKE/TIA?

CANCER?

COPD?

Asthma?

GI?

Kidney?

Arthritis?

DM?

Thyroid?

CNS/PNS (seizure paralysis)?

Psychiatric?

ROS:

GENERAL – fevers, chills, sweats; weight +/- ; in appetite; fatigue

SKIN – rashes, lesions, sweating, pruritis, easy bruising, difficult healing swelling, petechiae, photosensitivity, changes in hair or nails

HEAD / NECK – headache, dizziness, trauma, swollen LNs

EYES – vision changes; glasses, blurring; diplopia; pain inflammation/discharge, dry eyes, scotoma, photophobia

EARS – hearing loss, pain, tinnitus, vertigo; drainage

NOSE – epistaxis, discharge, sneezing; obstruction, chronic sinusitis

MOUTH/ THROAT – teeth, gums, oral ulcers, pain dry mouth, trouble swallowing, hoarseness, sore throat

CV – chest pain or pressure, palpitations, edema, syncope exercise tolerance, fatigue, circulatory probs; murmurs, claudication

LUNGS – dyspnea on exertion; cough, sputum, hemoptysis asthma or wheezing; cyanosis, orthopnea, PND

BREASTS – pain, masses, discharge, change in appearance, self-exam

GI – nausea / vomiting, dysphagia, odynophagia; dyspepsia reflux or heartburn, loss of appetite, food intolerance

abdominal pain; hematemesis; jaundice, change in bowel habits **diarrhea / constipation;** melena, hematochezia

GU – obstructive symptoms, dysuria, frequency, urgency **hematuria,** pyuria, previous UTI's; discharge, nocturia, incontinence

MENSTRUAL – menarche; last period, length of cycle, duration of flow how regular, how heavy; pain w/ menstruation or intercourse

vaginal bleeding or discharge, intermenstrual bleeding; age of menopause

ENDOCRINE – thyroid, adrenal, hormonal; temperature intolerance; osteoporosis; edema, polyuria, polydipsia, polyphagia

MS – arthralgias, arthritis, ROM, stiffness, myalgias swelling, erythema, tenderness; gout, neck or low back pain

NEURO – syncope, vertigo, LOC, seizures **numbness / tingling,** weakness, equilibrium, coordination/gait

PSYCH – anxiety; mania; memory loss, depression: interest, guilt, energy, sleep, concentration, appetite, psychomotor, suicide

PHYSICAL EXAM: **wash hands**

VITAL SIGNS: T _____ P _____ RR _____ BP _____
ht. _____ wt. _____ BMI _____ Pain _____ Pulse ox _____ %

GENERAL: _____

SKIN: _____ cap refill _____
clubbing _____ cyanosis _____ edema _____

HEAD: NC/AT _____
face _____ CN V _____ VII _____

EYES: conjunctiva _____ EOMI _____
VFI _____ PERRLA _____

ophthalmoscopic _____

EARS: TMs _____ hearing _____

NOSE: _____

THROAT: _____ palatal elev _____ gag reflex _____

NECK: _____ LNs _____

Carotid pulses _____ bruits _____

Thyroid _____

LUNGS: inspect _____

auscultate _____

percuss (w/ diaph excursion) _____

CV: palpate PMI _____

auscultate @ 4 areas w/diaphragm: rate & rhythm, murmurs, rubs, gallops, clic

check for aortic insufficiency (LSB w/ pt forward in exhalation) _____

Pt. LYING DOWN:

CV: Auscultation @ BASE and LSB _____

LL DECUBITUS: apex _____

JVP _____

ABDOMEN: _____

_____ bowel sounds _____ bruits _____

percuss _____ liver span _____

palpate _____

PULSES: dorsalis pedis _____ posterior tibial _____ edema _____

femoral pulse (+ auscultate) _____

LE MS exam: _____

Pt. SITTING: CVA tenderness _____

UE MS exam: wrists _____ elbows _____

shoulders _____ neck _____

NEURO: Mental status _____ CNS _____

Sensation: touch _____ pain _____ position _____ vibration _____

Reflexes: biceps _____ brachioradialis _____ triceps _____

patellar _____ achilles _____ babinski _____

Cerebellar: finger tapping _____ heel to shin _____

Pt. STANDING

Spine: _____

UE drift _____ Romberg _____

Gait and station _____ swing and stance _____ heel / toe walking _____