

Patient's Name _____ DoB ___ / ___ / ___ Seen with: Mth. Fth. Other _____

Chart No. _____

Physical Exam

NI Abn (Circle Abn.)

T _____ P _____ R _____ BP _____ / _____ Pk. Fl. _____

- 1. Constitutional looks ill 1+, 2+, 3+; hydration nl abn
- 2. Head/Face/Neck
- 3. Eyes red, drainage (clear, pur.), Fundi _____
- 4. Ears rtm red, dull, thick, ↓ mobility, retract, bulging fluid (ser., pur.), perf., scarred, tube (in, out)
- ltm red, dull, thick, ↓ mobility, retract, bulging fluid (ser., pur.), perf., scarred, tube (in, out)
- ext cerumen, swollen, tender, pur. drainage
- 5. Mouth/Throat ulcers, drainage (mucoid, pur.) inj. _____
- tonsils enlarged 1+, 2+, 3+, 4+, exudate, petechiae
- 6. Nose/Sinuses cong., drainage, (watery, mucoid, pur.), tender
- 7. Respiratory rhonchi, wheezes, rales, ↓ br. sounds, retract
- rt lft resp. distress 0, 1+, 2+, 3+ _____
- 8. Cardiovascular
- 9. Chest/Breasts
- 10. Hem/Lymph
- 11. Abd/Gastro
- 12. GU/Genitalia
- 13. Skin
- 14. Back/Mus-Skel
- 15. Neuro/Psych

Over

Chief Complaint & HPI

Pos Neg

Immun. Current? Y N

- General fever (____) fussy ↓ appetite awake @ night
- EENT congestion sore throat earache red eyes
- Resp cough wheezing ↑ effort chest pain
- GI abd. pain vomiting diarrhea constipation
- Mus/Skel mus. pain swelling joint pain back pain
- Other sw. glands skin rash urinary sx. headache

Current Meds: _____

Drug Allergies? Y N Over

On back: Pain P/F/S/Hx ROS Unresolved problems LMP

Assessment / Plan / Comments Ed. Handouts

Provider Signature _____ Over

Call Back: 24 hours 48 hrs. prn. Re-examine _____

Date / Time

Age

Wt / %

Ht / %

Summary

After hours Follow-up visit Referral