

**PATIENT HISTORY and PHYSICAL EXAMINATION**

Name: \_\_\_\_\_ DOB: / / Age: \_\_\_\_\_ Sex:  M  F Ethnicity: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Chief complaint/HPI: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies:  No  Yes (please list): \_\_\_\_\_

Social History:

Marital Status: \_\_\_\_\_

Occupation: \_\_\_\_\_

HABITS	NEVER USE	DAILY USE	WEEKLY USE	LESS THAN WEEKLY	LAST USED (MO/YR)
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Betel nut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Medical History**

Hypertension:  Normal  Abnormal, comment \_\_\_\_\_

Hyperlipidemia:  Normal  Abnormal, comment \_\_\_\_\_

Diabetes mellitus:  Normal  Abnormal, comment \_\_\_\_\_

Obesity:  Normal  Abnormal, comment \_\_\_\_\_

Dialysis:  Normal  Abnormal, comment \_\_\_\_\_

Stroke:  Normal  Abnormal, comment \_\_\_\_\_

Heart disease:  Normal  Abnormal, comment \_\_\_\_\_

Seizure:  Normal  Abnormal, comment \_\_\_\_\_

Headache:  Normal  Abnormal, comment \_\_\_\_\_

Parkinson's disease:  Normal  Abnormal, comment \_\_\_\_\_

Lytico-bodig:  Normal  Abnormal, comment \_\_\_\_\_

Cancer:  Normal  Abnormal, comment \_\_\_\_\_

Asthma:  Normal  Abnormal, comment \_\_\_\_\_

Thyroid disease:  Normal  Abnormal, comment \_\_\_\_\_

Gout:  Normal  Abnormal, comment \_\_\_\_\_

Tuberculosis:  Normal  Abnormal, comment \_\_\_\_\_

Surgical history: \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Family History:**

Hypertension:            || Normal   || Abnormal, comment \_\_\_\_\_

Development Delay:     || Normal   || Abnormal, comment \_\_\_\_\_

Asthma:                    || Normal   || Abnormal, comment \_\_\_\_\_

Headache:                 || Normal   || Abnormal, comment \_\_\_\_\_

Diabetes Mellitus:       || Normal   || Abnormal, comment \_\_\_\_\_

Stroke:                    || Normal   || Abnormal, comment \_\_\_\_\_

Tremors:                  || Normal   || Abnormal, comment \_\_\_\_\_

Mood disorders:         || Normal   || Abnormal, comment \_\_\_\_\_

Cancer:                    || Normal   || Abnormal, comment \_\_\_\_\_

Dementia:                 || Normal   || Abnormal, comment \_\_\_\_\_

Arthritis:                 || Normal   || Abnormal, comment \_\_\_\_\_

Thyroid disease:         || Normal   || Abnormal, comment \_\_\_\_\_

Heart disease:            || Normal   || Abnormal, comment \_\_\_\_\_

Parkinson's disease:     || Normal   || Abnormal, comment \_\_\_\_\_

Dialysis:                 || Normal   || Abnormal, comment \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Review of Systems (if "Other", comment below):**

HEENT:            || Normal   || Abnormal |Other    Cardiac:            || Normal   || Abnormal   ||Other

Abdomen:         || Normal   || Abnormal ||Other    Urinary :            ||Normal   || Abnormal   ||Other

Genital:          || Normal   || Abnormal   ||Other    Orthopedic:         || Normal   || Abnormal   ||Other

**Comments:** \_\_\_\_\_

**Vitals:**

Height:            Weight:            Temp:            BP:            Pulse:            RR:

**Physical Exam (if "Other", comment below):**

Appearance:    || Normal   || Abnormal   ||Other \_\_\_\_\_

Skin:            || No Rash || Other \_\_\_\_\_

Head:            || Atraumatic normcephalic   || Other \_\_\_\_\_

Ears:            || Pinnae Normal ||Auditory canals clear   ||Tympanic membranes normal  
                  ||Other \_\_\_\_\_

Eyes:            || PERRLA   || Other \_\_\_\_\_

Nose:            || Normal Appearance   || No discharge   ||Other \_\_\_\_\_

Throat:          ||Clear ||Normal tongue   || Tonsils are not enlarged   || No exudates   || Other \_\_\_\_\_

Neck:            || Supple   || Thyroid normal   || No adenopathy   || Other \_\_\_\_\_

Chest:            || Clear to auscultation   || Normal appearance   || Other \_\_\_\_\_

Cardiac:         || Normal rate and regular rhythm   || No murmurs   || Other \_\_\_\_\_

Abdomen:         || Soft, not tender   || No masses or organomegaly   || Bowel sounds normal   || No rebound  
                  || No rigidity   || Other \_\_\_\_\_

Extremities:    || No cyanosis or clubbing   || Peripheral pulses are palpable   || Other \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Neurological Examination:**

Mental Status Examination: || Normal || Other

Speech: || Fluent and Coherent || Other

Comments: \_\_\_\_\_

**Cranial Nerve II-XII Testing:**

||Normal ||Abnormal, comment)\_\_\_\_\_

Motor: Muscle bulk: ||Normal ||Abnormal, comment\_\_\_\_\_

Strength: ||Normal ||Abnormal, comment\_\_\_\_\_

Tone: ||Normal ||Abnormal, comment\_\_\_\_\_

Sensory: ||Normal ||Abnormal, comment\_\_\_\_\_

Deep Tendon Reflexes:

Biceps: ||Normal ||Abnormal, comment\_\_\_\_\_

Patellar: ||Normal ||Abnormal, comment\_\_\_\_\_

Achilles: ||Normal ||Abnormal, comment\_\_\_\_\_

Coordination:

Plantar response, flexion bilaterally: ||Normal ||Abnormal, comment\_\_\_\_\_

Normal Finger-nose test bilaterally: ||Normal ||Abnormal, comment\_\_\_\_\_

Normal heel to shin test bilaterally: ||Normal ||Abnormal, comment\_\_\_\_\_

Tremors: ||Normal ||Abnormal, comment\_\_\_\_\_

Station and Gait Testing, Station: ||Normal ||Abnormal, comment\_\_\_\_\_

Romberg Test: ||Normal ||Abnormal, comment \_\_\_\_\_

**Lab Results:**

**Impression:**

**Plan:**

Discussed with: Patient || Yes || No

Family || Yes || No

Signed: \_\_\_\_\_

Date: / /

Time: \_\_\_\_\_