

Patient: _____ (Initials)
Age: _____ Height: _____
Sex: _____ Weight: _____

How is patient's mood and affect? _____

Neurological

Patient alert/lethargic/non-responsive (circle)?
"State full name & DOB" Correct Incorrect
"Where are you right now?" Correct Incorrect
"What's today's date?" Correct Incorrect
"Can you stick out your tongue?" Yes No

Review of Systems

"Are you having any pain right now?" Yes No
*If yes 1 2 3 4 5 6 7 8 9 10
*If yes, where/type pain? _____
"How is your appetite?" Good Fair Poor
"Any trouble going to the bathroom?" Yes No
*If yes, "Do you need assistance?" Yes No
"Are you having any shortness of breath?" Yes No
*If yes, on exertion or relaxation? _____
Is patient on oxygen? Yes No
*If yes, L? _____
Have I had to repeat, patient able to hear me? _____
Does patient have any hearing devices? _____
Does patient wear glasses/contacts? _____

Vitals

Blood pressure: _____
*(Sitting/Lying/Standing: Right/Left Arm/Leg)
Pulse Rate: _____ (Radial/Apical)
Pulse Force: 3-Bounding 2-Normal 1-Weak 0-Absent
Pulse Ox: _____
Respirations: _____
Temperature: _____ (Oral/Axillary)

Hair/Scalp

Hair distribution even? Yes No
Scalp lesions? Yes No
Color/Consistency of Hair? _____

Eyes (Pupils)

Equal? Yes No
Round? Yes No
Reactive to light? Yes No
Accommodation? Yes No
Size (in mm) _____

Mouth

Does the patient wear dentures? Yes No
*If yes, full/partial and top/bottom
*If yes, any problems?
Lesions, redness, sores? Yes No
*If yes, describe _____
Mouth pink and moist? Yes No
*If no, describe _____

Lungs

"Take a deep breath for me please, in & out (with mouth open) Normal Abnormal
Breath sounds (crackles/rales/etc.) _____
Cough? Yes No
*If yes, productive/nonproductive (circle)?
*If yes, characteristics of sputum: _____
Patient using Incentive Spirometer? Yes No

Heart Exam – rate/rhythm

Aortic Normal Abnormal
Pulmonic Normal Abnormal
Erb's Point Normal Abnormal
Tricuspid Normal Abnormal
Mitral Normal Abnormal
Apical pulse (1 min) _____

Abdomen – inspect shape/symmetry

Is abdomen: Round/flat/distended/non-distended
Bowel sounds: Present (all four quadrants?) Yes No
*If yes, active/hyperactive/hypoactive? High/Low pitched
*If no, then which quadrant(s) is absent? 1 2 3 4
- Palpation (light and deep)
*Abdomen soft, firm, hard? _____
**Is this tender or does this hurt anywhere? Yes No
*If yes, where? _____
BM: "When was your last BM?" _____
Color, consistency? _____

Extremities/Pulses – inspect color, temp, appearance, hair

Arms:

Radial pulses – left & right equal? Yes No
"Squeeze my fingers" grasps equal? Yes No
*Grasps weak/strong
Capillary refill: _____

Legs:

Posterior tibial – left and right equal? Yes No
3 – Bounding 2 – Normal 1 – Weak 0 – Absent
Dorsal pedis – left and right equal? Yes No
3 – Bounding 2 – Normal 1 – Weak 0 – Absent
"Push feet down on my hands" Yes No
Capillary refill: _____

Skin

Lesions? Yes No
Breakdown/bruising? Yes No
Skin color? Normal Abnormal
*Consistent? Color? _____
Edema? Yes No
*If yes, 1 – mild 2 – moderate 3 – deep 4 – very deep
*If yes, where? _____
Is the skin warm/cold/hot/cool? (circle)
Nails? Clubbing No Clubbing
Nail coloring? Cyanotic Pink

Foley

*If yes, color? output?