History & Physical Format

SUBJECTIVE (History)

Identification
name, address, tel.#, DOB, informant, referring provider

CC (chief complaint)
list of symptoms & duration, reason for seeking care

HPI (history of present illness) - PQRST
  Provocative/palliative - precipitating/relieving
  Quality/quantity - character
  Region - location/radiation
  Severity - constant/intermittent
  Timing - onset/frequency/duration

PMH (past medical/surgical history)
general health, weight loss, hepatitis, rheumatic fever, mono, flu, arthritis, Ca,
gout, asthma/COPD, pneumonia, thyroid dx, blood dyscrasias, ASCVD, HTN, UTIs, DM,
seizures, operations, injuries, PUD/GERD, hospitalizations, psych hx

Allergies

Meds (Rx & OTC)

SH (social history)
birthplace, residence, education, occupation, marital status, ETOH, smoking, drugs, etc., sexual
activity - MEN, WOMEN or BOTH
CAGE Review
  Ever  Feel  Need to CUT DOWN
  Ever Felt ANNOYED by criticism of drinking
  Ever Had GUILTY Feelings
  Ever Taken Morning EYE OPENER

FH (family history)
age & cause of death of relatives'
family diseases (CAD, CA, DM, psych)

SUBJECTIVE (Review of Systems)

skin, hair, nails - lesions, rashes, pruritis, changes in moles; change in distribution;
lymph nodes - enlargement, pain
bones, joints muscles - fractures, pain, stiffness, weakness, atrophy
blood - anemia, bruising
head - H/A, trauma, vertigo, syncope, seizures, memory
eyes - visual loss, diplopia, trauma, inflammation glasses
ears - deafness, tinnitus, discharge, pain
nose - discharge, obstruction, epistaxis
mouth - sores, gingival bleeding, teeth, abn. taste, jaw pain
throat - ST, hoarseness, voice changes, URI
neck - swelling/stiffness, adenopathy, goiter,
breasts - lumps, pain, nipple discharge, last mammogram
endocrine - polyphagia/dipsia/uria, dec. energy/fatigue
respiratory - dyspnea, orthopnea, wheezing, cough, sputum, hemoptysis, pain, pleurisy, night sweats, TB,
#pillows, pneumonia, asthma
CV (cardiovascular) - CP, palpitations, claudication peripheral edema, ascites, cold feet, phlebitis,
cyanosis
GI - appetite/wgt change, dysphagia, N/V, hematemesis, BRBPR, melena, abd, pain/colic, icterus,
diarrhea, constipation, change in bowels, tenesmus, hemorrhoids, rectal pain, hernia
GU - polyuria, oliguria, dysuria/strangury, hematuria, pyuria, incontinence, nocturia, pain passage of
stones, UTI, pyelo & STD hx
MS - arthralgia, arthritis, myalgia, joint stiffness/swelling/ heat/pain, podagra/gout
nervous - smell, chewing, visual, facial weakness, hearing, balance, speech & swallowing, taste,
motor - weakness, paralysis, atrophy, seizures, incoordination
sensory - pain, paresthesias, anesthesia
autonomic - incontinence, sweating, erythema, cyanosis, pallor, temp sensitivity
mental status - relations w family, lability of mood, hallucinations, delusions, depression, somnolence, insomnia

OBJECTIVE (Physical Exam - sample recordings)

vital signs & general appearance: age, sex, well developed/nourished, appears stated age, NAD
head - normocephalic, no masses/lesions, cicatrices, malar flushing
eyes - visual fields intact (cut by confrontation, PERRLA, conjunctiva clear, sclera white, anicteric, (1-2 beat nystagmus on lateral gaze.) EOMI, no ptosis; fundi: red reflex present (B). discs flat w sharp margins, vessels present w/o crossing defects, retinal hemorrhages
ears - TM's non-injected(erythematous, bulging), good light reflex, no protrusion or retraction; Weber midline, Rinne ac>bc, Whisper test 3:3
nose - nares patent, no deformity, septal deviation or perforation
mouth - buccal mucosa, moist and intact, tonsils present, dentition intact, caries, tongue midline w/o fasciculations
neck, axilla & breasts - no LAD (lymphadenopathy), masses, or thyromegaly/focal lump, carotid pulses 2+ & = (B), no bruits, trachea midline, breasts symmetric, no retraction, lesions, masses or tenderness
back, thorax & lungs - chest expansion symmetric, CTA (clear to auscultation), eupnea, no adventitious sounds (rales, crackles, wheezes)
CV (cardiovascular) - RRR no m/r/g (systolic ejection murmur, rubs, gallops)
abdomen - soft non-tender w/o masses, tympany to percussion in all 4 quads, BS present (hyper/hypooactive, absent); no HSM (hepatosplenomegaly), no bruits
extremities - extremity size symmetric w/o swelling/atrophy, temp warm (B). All pulses present, 2+ &= (B), no LAD, skin - pink-tan color, good turgor w/o lesions, redness, cyanosis, edema or cicatrices;
nails - no clubbing or deformities w good cap refill
musculoskeletal - gait normal, able to tandem walk, no Romberg's sign; joints and muscles symmetric, no swelling, masses, deformity or tenderness palpation; no heat or swelling of joints; full ROM; muscle strength 5/5- able to Amitin flexion against resistance & w/o tenderness
muscle grading – evaluate D (deltoid), T (triceps), B (biceps), WF (wrist flexion), WE (wrist extension), Quad (quadriiceps), PF (plantar flexion) DF (dorsiflexion) scoring 0-5 out of 5 according to following scale:
5 Normal Complete ROM against gravity with full resistance
4 Good Complete ROM against gravity with some resist
3 Fair Complete ROM against gravity
2 Poor Complete ROM with gravity eliminated
1 Trace Evidence of slight contractility. No joint motion
0 Zero No evidence of contractility
genitalia/rectum - no lesions, inflammation or discharge from penis, rectum: no fissure, hemorrhoids, fistula or lesions in perianal area; sphincter tone good; prostate not enlarged, no masses, nodules or tenderness. Stool brown, guaiac neg.
pelvic - no vaginal/cervical lesions, uterus size & position; no adnexal tenderness
nervous - (LOC, DTRs, MMS) - CN II-XII grossly intact, alert oriented, cooperative
sensory - pinprick, light touch & vibration intact; proprioception tested (unable to differentiate sharp/dull mid-calf
motor - no atrophy, weakness, tremors or clonus; RAM (rapid, alt. movement) finger-to-nose/heel-to-shin intact; Rhomberg negative
DTR's - all 2+ & = (B); Babinski absent toes upgoing, downgoing or equivocal (inconclusive); plantar response in extensor on (L); Naming & repetition intact; memory 3:3; (B) Pronator drift - (R)>1(L); gaze preference; neglect; extinguishing sensory (light touch to ea. ext then to both simultaneously): extinguishes (L or R) side to direct sen. stim.
reflex grading – evaluate biceps (C5, C6); triceps (C6, C7, C8); brachioradialis (C5, C6); patellar (L2, L3, L4); Achilles’ (S1, S2); plantar/Babinski (L4, L5, S1, S2) based on following scale:

- **4+** very brisk/hyperactive - clonus
- **3+** more brisk than average
- **2+** average/normal
- **1+** low normal/diminished
- **0** no response or equivocal

**Cranial Nerve Evaluation (using specific tests)**

- **CN I (Olfactory)** - smell mint leaves/tobacco
- **CN II (Optic)** - visual acuity & funduscopic
- **CN III (Oculomotor)** - pupillary reaction
- **CN IV (Trochlear)** - pupillary reaction
- **CN V (Trigeminal)** - clench teeth, open jaw, lip/chin test for light touch
- **CN VI (Abducens)** - EOM
- **CN VII (Facial)** - raise eyebrow/frown/show teeth/smile/puff cheek
- **CN VIII (Acoustic)** - whisper test; Weber/Rinne tests
- **CN IX (Glossopharyngeal)** - hoarseness, tongue movement
- **CN X (Vagus)** - saying "ah," & note palate and uvula move upward
- **CN XI (Spinal Accessory)** - shrug shoulders
- **CN XII (Hypoglossal)** - inspect tongue for atrophy/fasciculations