ASSESSMENT FORM

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name**: |  | **Date of Birth:** |  | **Date:** |  |
| **Wt:** |  | **Ht**: |  | **T:** |  | **BP:** |  |
| **P:** |  | **Reg./Irreg. R** |  | **LMP** |  |
| **Checked in By:** |  |
| **HPIICC:** Onset, Location, Duration, Character, Aggravating Factors, Alleviating Factors, Treatment |

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| --- | --- | --- | --- | --- | --- |
|  | **Reviewed** | **Not Reviewed** |  | **Reviewed** | **Not Reviewed** |
| **Medication:** |[ ] [ ]  **Allergies:** |[ ] [ ]
| **Past Hx:** |[ ] [ ]  **Immunizations:** |[ ] [ ]
| **Social Hx:** |[ ] [ ]  **Family Hx:** |[ ] [ ]
| **Changes:** |  | **No Changes Noted:** |[ ]

|  |
| --- |
| **ROS** |
|  | **YES** | **NO** |
| **Constitutional** |
| **Fever:** |[ ] [ ]
| **Chills:** |[ ] [ ]
| **Fatigue:** |[ ] [ ]
| **Appetite Change:** |[ ] [ ]
| **Weight Change:** |[ ] [ ]
| **Swollen Nodes:** |[ ] [ ]
| **Skin** |
| **Rash:** |[ ] [ ]
| **Itching:** |[ ] [ ]
| **Mole Change:** |[ ] [ ]
| **Lesion:** |[ ] [ ]
| *If yes,* **Site:** |  |
| **HEENT** |
| **NHHHHearingHearing Loss:** |[ ] [ ]
| **Tinnitus:** |[ ] [ ]
| **Rhinorrhea:** |[ ] [ ]
| **Vision Change:** |[ ] [ ]
| **Headaches:** |[ ] [ ]
| **Congestion:** |[ ] [ ]
| **Sore Throat:** |[ ] [ ]
| **Watery Eyes:** |[ ] [ ]
| **Ear Itch/Pain:** |[ ] [ ]
| **Dizziness:** |[ ] [ ]
| **RESP** |
| **Cough:** |[ ] [ ]
| **SOB:** |[ ] [ ]
| **Chest Pain:** |[ ] [ ]
| **Wheezing:** |[ ] [ ]
| **CV** |
| **Chest Pain:** |[ ] [ ]
| **Palpitations:** |[ ] [ ]
| **Edema:** |[ ] [ ]
| **Orthopnea:** |[ ] [ ]
| **GI** |
| **Nausea:** |[ ] [ ]
| **Vomiting:** |[ ] [ ]
| **Heartburn:** |[ ] [ ]
| **Abdominal Pain:** |[ ] [ ]
| **Diarrhea:** |[ ] [ ]
| **Constipation:** |[ ] [ ]
| **BRB per Rectum:** |[ ] [ ]
| **Hemorrhoids:** |[ ] [ ]
| **Melena:** |[ ] [ ]
| **Bloating:** |[ ] [ ]
| **GU** |
| **FEMALE** | **MALE** |
|  | **YES** | **NO** |  | **YES** | **NO** |
| **Dysuria:** |[ ] [ ]  **Nocturia:** |[ ] [ ]
| **Frequency:** |[ ] [ ]  **Decreased Force:** |[ ] [ ]
| **Incontinence:** |[ ] [ ]  **Incontinence:** |[ ] [ ]
| **Breast Masses:** |[ ] [ ]  **Penile Discharge:** |[ ] [ ]
| **Abnl Vag. Bleeding/Discharge:** |[ ] [ ]  **Sexual Concerns:** |[ ] [ ]
| **Frequent UTIs:** |[ ] [ ]   |
| **Dyspareunia:** |[ ] [ ]   |
| **Stress/Urge Incontinence** |[ ] [ ]   |
| **Sexual Concerns:** |[ ] [ ]   |
| **Muscoskeletal** |
| **Joint Pain or Stiffness:** |[ ] [ ]
| **Limited ROM:** |[ ] [ ]
| **Swelling:** |[ ] [ ]
| *If yes,* **Site:** |  |
| **Neuro** |
| **Seizures:** |[ ] [ ]
| **Tremors:** |[ ] [ ]
| **Syncope:** |[ ] [ ]
| **Near-Syncope:** |[ ] [ ]
| **Numbness/Tingling:** |[ ] [ ]
| **Vertigo:** |[ ] [ ]
| **Unsteady Gait:** |[ ] [ ]
| **Falls:** |[ ] [ ]
| **Psych** |
| **Depressed:** |[ ] [ ]
| **Anxious:** |[ ] [ ]
| **Stressed:** |[ ] [ ]
| **Memory Loss:** |[ ] [ ]
| **Insomnia:** |[ ] [ ]
| **Heme** |
| **Easy Bruising:** |[ ] [ ]
| **Bleeding:** |[ ] [ ]
| *If yes,***Site:** |  |
| **Endo** |
| **Goiter:** |[ ]  [ ]  |
| **Increased Thirst:** |[ ] [ ]
| **Increased Urination:** |[ ] [ ]
| **Hot or Cold Intolerance:** |[ ] [x]
| **Other** |
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| --- |
| PHYSICAL |
| General: | **NL Affect:** |[ ]  **Neat in Appearance:** |[ ]  **Abnormal:** |[ ]
| Head: | **Normal Cephalic, atraumatic** |[ ]  **Abnormal:** |[ ]
| Ears: | **EACs Benign** |[ ]  **TMs clear w/ good light reflex** |[ ]  **Abnormal:** |[ ]
| Eyes: | **Sclera white, PERRL, EOM’s intact** |[ ]  **Abnormal:** |[ ]
| Nose: | **Normal Mucous Membranes** |[ ]  **Abnormal:** |[ ]
| Sinus: | **Non-tender** |[ ]  **Abnormal:** |[ ]
| Throat: | **Pink, moist no exudates** |[ ]  **Abnormal:** |[ ]
| Neck: | **Supple, no nodes** |[ ]  **Abnormal:** |[ ]
| Thyroid: | **Small, non-tender, no nodes** |[ ]  **Abnormal:** |[ ]
| Lungs: | **CTA bilat, no wheezes, rales or rhochi** |[ ]  **Abnormal:** |[ ]
| CV: | **RRR** |[ ]  **S1S2** |[ ]  **No extra sounds, murmurs** |[ ]  **Abnormal:** |[ ]
|  | **No JVD** |[ ]  **DP Pulses 2+ & Symmetric** |[ ]  **Edema** |[ ]   |
| Breasts: | **nl contours, no masses, no auxiliary LA** |[ ]  **Abnormal:** |[ ]
| Abd: | **Soft, NT, normoactive BS** |[ ]  **Abnormal:** |[ ]
|  | **No organomegaly** |[ ]   |  |
|  | **No masses** |[ ]   |  |
| GU Female: | **Nl ext. genitalia w/o visible legion** |[ ]  **Abnormal** |[ ]
| Vagina: | **well-reguated w/o lesion** |[ ]  **Abnormal** |[ ]
|  | **atrophic** |[ ]   |  |
| Uterus: | **Anteverted** |[ ]  **Abnormal** |[ ]
|  | **Retroverted** |[ ]   |  |
|  | **Normal size** |[ ]   |  |
|  | **Absent** |[ ]   |  |
| Cervix | **nulip.** |[ ]  **Abnormal** |[ ]
|  | **multip.** |[ ]   |  |
|  | **No lesion** |[ ]   |  |
|  | **CMT** |[ ]   |  |
|  | **Discharge** |[ ]   |  |
|  | **Absent** |[ ]   |  |
|  | **Pap Taken** |[ ]   |  |
|  | **Cultures Taken** |[ ]   |  |
| Adnexa: | **Palpable** |[ ]  **Abnormal** |[ ]
|  | **NonPalpable** |[ ]   |  |
|  | **nontender, w/o mass** |[ ]   |  |
| GU Male: | **No Penile lesions or discharge** |[ ]  **Abnormal** |[ ]
|  | **No Prostate Enlargement** |[ ]   |  |
|  | **No nodules or tenderness** |[ ]   |  |
|  | **No Hernia** |[ ]   |  |
|  | **Scrotum Symmet** |[ ]   |  |
| Rectal: | **No sphincter tone, no lesions** |[ ]  **Abnormal:** |[ ]
|  | **Hemoccult** |[ ]   |  |
|  | **Neg** |[ ]   |  |
|  | **Pos** |[ ]   |  |
|  | **Deferred:** |[ ]   |  |
| Ext: | **No C/C/E:** |[ ]  **Abnormal:** |[ ]
|  | **Patellar Reflexes +2:** |[ ]   |  |
| Neuro: | **A & O x3:** |[ ]  **Abnormal** |[ ]
|  | **CNs II-SII grossly intact:** |[ ]   |  |
|  | **Nl Gait:** |[ ]   |  |
| Skin: | **No rashes or suspicious legions:** |[ ]  **Abnormal** |[ ]
|  | **Intact:** |[ ]   |  |
|  | **Pink, Warm, Dry:** |[ ]   |  |
| Muscoskela-tal: | **Swelling:** |[ ]  **Abnormal** |[ ]
|  | **Pain/Tenderness:** |[ ]   |  |
|  | **ROM:** |[ ]   |  |

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| **ASSESSMENT:** |
| 1) |  |
| 2) |  |
| 3) |  |
| 4) |  |
| 5) |  |
| 6) |  |

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| --- |
| **PLAN:** |
| **LAB:** |
| **Blood Sugar:** |[ ]  **CBC:** |[ ]  **BMP:** |[ ]
| **BNP:** |[ ]  **TSH:** |[ ]  **Lipids:** |[ ]
| **Sed Rate:** |[ ]  **CRP:** |[ ]  **HA1C:** |[ ]
| **UA,** *culture if indicated* |[ ]  **Urine Microalbumnin:** |[ ]  **HA1C:** |[ ]
| **Wound Culture:** |[ ]  **Pap:** |[ ]  **Vag Culture:** |[ ]
| **Radiographs:** |
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| **Medications:** |
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| **Counselling/ Coordination of Care:** |
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| --- | --- | --- | --- | --- |
| Time: |  | Minutes of a: |  | minute visit. |
| Re: |  |

|  |  |
| --- | --- |
| Referral: |  |
| Follow Up: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |