ASSESSMENT FORM

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** |  |

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| **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:** | | | |  | |  | |
| **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:** |  |