

COMPREHENSIVE PATIENT ASSESSMENT
(Use a Blue Font For Your Documentation)

STUDENT:

DATE:

TYPE OF ASSESSMENT

Age

Pregnancy

Psych

IDENTIFYING DATA

Name:

Address or hospital/ambulance number:

Age: Sex: Race:

Occupation:

Mental Status

- Alert: yes describe
- Oriented: person place time current events
- GCS:

HISTORY

Chief Complaint:

Open-ended question ("How can we help you today?")

History of Present Illness:

Open-ended question ("Can you tell me more about your problem?"):

Direct questions (OPQRST):

Onset/setting ("What were you doing when this started?"):

Palliation/provocation ("What makes it better or worse?"):

Quality ("What does it feel like?"):

Radiation/location:

"Where is the problem?":

"Does it bother you anywhere else?":

Severity/intensity ("How bad is the 'chief complaint' (pain, nausea, dizziness, etc.)?" use a 10 scale or compare to previous episodes):

Time

"When did this start?":

"How long has it been going on?":

"Have you had it before?":

Pertinent negatives (document absence of symptoms you might expect with chief complaint, i.e. chest pain but no dyspnea):

Female: LMP (dates):

AMPLE

Allergies (describe reaction):

Medication (describe action/indications for any medication unknown to you):

Prescription:

Over the Counter:

Herbals:

Immunizations current: __tetanus __flu __pneumovax):

Past Medical History:

Medical illness:

Psychiatric illness:

Accidents/injuries/dates:

Surgeries (procedure/dates):

Hospitalizations (diagnosis/dates):

Last meal (content/time):

Event: (covered in the HISTORY section)

Current Health Status:

General state of health as reported by patient:

Tobacco (smoke & smokeless tobacco):

Etoh/drugs:

Diet:

Sleep patterns:

Exercise/leisure activity:

Environmental hazards (work or home):

Use of safety measures (seat belts; smoke/CO detectors; helmets; others)

Home situation/significant others:

PHYSICAL EXAM (Inspect, Auscultate, Palpate, Percuss)

(Include pertinent negatives, for example the patient with wheezing but no retractions)

Vitals:

- Temp:
- Pulse: rate: __regular __describe:
- B/P:
- Resp rate/effort:
- O2 sat (if available):
- Glucose (if available):

Skin

- Color:
- Lesions (disruption in normal tissue):
 - Scars: __none __describe:
 - Rash: __none __describe:

Bruising (ecchymosis): __none __describe:

Other:

- Nails: __smooth, pink __describe:
- Turgor: __quickly retracts __describe:
- Moisture: __dry __moist
- Temperature: __warm __cool __hot

Head/Face

- Scars: __none __describe:
- Ecchymosis: __none __describe:
- Tenderness: __none __describe:
- Deformity: __none __describe:
- Face: __symmetric __describe:

Eyes

- Drainage: __none __describe:
- Sclera color: __white __describe:
- Pupils: __PERRL __describe:
- Extra Ocular Movement: __EOMI __describe:
- Vision (read small print at 10 inches): L: __intact __describe:
R: __intact __describe:

Ears

- Deformity: __none __describe:
- Drainage: __none __describe:
- TM: __clear, light reflex present __describe:
- Hearing (finger rub): L: __intact __describe:
R: __intact __describe:

Nose and Sinuses

- Deformity: __none __describe:
- Drainage: __none __describe:
- Nares: __open __membranes swollen __blood
- Tenderness: __none __describe:

Mouth and Pharynx

- Lip color: __pink __describe:
- Lip lesions: __none __describe:
- Teeth: __intact, no cavities __describe:
- Gums: __pink, no bleeding or drainage __describe:
- Tongue: __midline __describe:
- Mucous membranes: __moist __dry
- Pharynx: __pink __describe:

- Tonsils: __pink, no exudate __describe:
- Odor: __none __describe:

Neck

- Stridor: __none __describe:
- Trachea: __midline __describe:
- JVD: __none __describe:
- ROM: __full __describe:
- Tenderness: __none __describe:
- Carotid: __equal strength, no bruit __describe:

Chest

- Deformity: __none __describe:
- Chest rise: __symmetrical __describe:
- Retractions: __none __describe:

Lungs

- Breath sounds: __equal __describe:
- Crackles: __none __describe:
- Wheezing: __none __describe:

Back

- Deformity: __none __describe:
- Flexion: __full __describe:
- Tenderness: __none __describe:
- Spasm: __none __describe:

Cardiovascular System

- Rhythm: __regular __describe:
- S1 S2: __lub dub __describe:
- Murmur: __none __describe:

Abdomen (check all 4 quadrants)

- Appearance: __flat __distended __scaphoid
- Scars: __none __describe:
- Bowel sounds: __present __absent
- Bruit: __none __describe:
- Tenderness: __none __describe:
- Guarding: __none __describe:
- Rebound: __none __describe:
- Mass: __none __describe:

Genitalia/Anus/Rectum: __deferred __describe:

Peripheral Vascular System (absent/weak/strong/bounding)

- R/L radial: __strong bilateral __describe:
- R/L femoral: __strong bilateral __describe:
- R/L d. pedis: __strong bilateral __describe:

Musculoskeletal System

- Edema: __none __describe:
- ROM(all extremities): __full __describe:
- Motor strength (all extremities): __equal, strong __describe:

Nervous System

- Gait: __steady __describe:
- Romberg: __negative __describe:
- Sensation to touch(all extremities): __equal __describe:
- Patellar (knee) reflex: L: R:

0 – Absent

1 – Decreased but present (barely moves)

2 – Normal (clearly moves)

3 – Brisk and excessive

4 – With clonus (jerking)