

MEDICAL EVALUATION

Name:		Date:	Time:
Disclaimers explained to the subject:			
examiner's identity-role		purpose of evaluation	
limits to confidentiality		honest answers	
Age:	DOB:	Record #:	Others present:
Birthplace			Examination site:
Language:			
			Translator:

CHIEF COMPLAINT:

HPI: nature of injury or illness

treatment and work-up

impact of injury or illness

MEDICAL HISTORY: medical problems, neurological, sexual, hospitalizations, tests	
surgeries, obstetric, traumas	
ROS: fever, weight loss, fatigue, rash, headache, dizziness, syncope, LOC, vision, hearing, cough, chest pain, breasts, GI pain, n/v/d, constipation, discharge, dysuria, urgency/frequency, bleeding, pain/numbness, seizure, tremor, menses	
MEDICATIONS: current	past
Over-the-counter/supplements	allergies

PSYCHIATRIC: hospitalizations, outpatient, therapy, symptoms

SOCIAL: residence, marriage, domestic partners/roommates, children and step-children

employment history, job performance, military

cultural, sexual, ethnic, religious, interests/activities

FAMILY HISTORY: medical, psychiatric, drug/alcohol and violence history of parents, siblings, offspring and others

SUBSTANCE USE: onset, extent, periods of sobriety, treatment, tolerance, withdrawal, medical consequences
 alcohol tob mj cocaine opiates meth stimulants hallucinogens pcp inhalants steroids sedatives

PHYSICAL EXAMINATION**VITAL SIGNS:**

Pulse:

Blood pressure:

Respirations:

Temp:

GENERAL:

Appearance:

Comfort:

Cooperation:

Fingers/nails:

Skin:

Distal pulses:

Edema:

HEENT:

Head/hair/scalp:

Eyes/conjunctivae:

Fundoscopic:

Accommodation/visual fields:

Visual acuity/corrective lenses:

External ear/otoscopic:

Hearing:

Mouth/tongue:

Neck/nodes/carotid:

Thyroid:

CHEST:

Precardium/rib cage:

Breasts/axillary:

Cardiac auscultation:

Pulmonary auscultation/percussion:

ABDOMEN/PELVIS:

Auscultation/palpation:

Liver:

Spleen:

Kidneys:

Penis/scrotum:

Vagina/bimanual:

Anus/rectal/stool:

Inguinal pulses/nodes/hernia:

MUSCULOSKELETAL:

Inspection/palpation of extremities/joints:

Upper extremities range of motion/strength:

Lower extremities range of motion/strength:

Inspection/palpation of spine/back:

Cervical range of motion:

Thoracic/lumbar range of motion:

Other maneuvers (squat/stand/leg raise):

Feet/toes:

NEUROLOGICAL:

Orientation/memory/speech:

Mood/thought:

Cranial nerves:

Reflexes/Babinski:

Sensation:

Gait/coordination/Romberg:

Note: This is a general examination template. More detailed investigation may be indicated depending on the particular claim and legal issue. Be sure to consider exaggeration, feigning, and false attribution.