

New Patient Form (Page #2)

Date: _____ Patient: _____

DRUG ALLERGIES: NONE KNOWN DOB: _____

Shellfish or Iodine Allergy YES / NO

Latex Allergy YES / NO

SOCIAL HISTORY

Occupation: _____

Hazardous Material Exposure YES / NO

Smoking	<input type="checkbox"/> Never	<input type="checkbox"/> Previously	<input type="checkbox"/> Currently	_____ # Packs per day	_____ # of years
Alcohol	<input type="checkbox"/> Never	<input type="checkbox"/> Previously	<input type="checkbox"/> Currently	_____ Amount per day	_____ # of years
Smokeless Tobacco	<input type="checkbox"/> Never	<input type="checkbox"/> Previously	<input type="checkbox"/> Currently	_____ Amount per day	_____ # of years
Drug Abuse	<input type="checkbox"/> Never	<input type="checkbox"/> Previously	<input type="checkbox"/> Currently	_____ Amount per day	_____ # of years

DO NOT WRITE BELOW THIS LINE

Medication Reconciliation Form Updated and Reviewed: MD initials _____ BMI _____ Neck Circumference _____

PHYSICAL EXAM

CONSTITUTIONAL: Height _____ Weight _____ Temp _____ BP _____ Pulse _____ Resp. _____

• General Appearance (development, nutrition, habitus, deformities, grooming) NL ABN _____
 • Communication (ability, understanding, vocal quality) NL ABN _____

HEAD & FACE:

• Inspection (appearance, scars, lesion, masses) NL ABN _____
 • Palpation / Percussion (step-offs, sinus tenderness) NL ABN _____
 • Parotid and submandibular glands (salivary glands) NL ABN _____
EYES: (BOMI, PEARLA) NL ABN _____

EAR, NOSE, MOUTH & THROAT:

• Pinna & Nose external (deformity, scars, lesions, skin) NL ABN _____
 • Otoscopy (EAC, TM, mobility, retraction, effusion) NL ABN _____
 • Tuning Forks (Webber: Midline / R / L, Rhine AC>BC, Whispered Voice) NL ABN _____
 • Nasal mucosa, septum, turbinates (drainage, boggy, deviation, obstruction) NL ABN _____
 • Lips, teeth, gums NL ABN _____
 • Oral mucosa, hard/soft palate, tongue, tonsils, pharynx (lesion, color, asymmetry) NL ABN _____
 • Nasopharynx (choanae, ET, Adenoids by mirror) NL ABN _____
 • Hypopharynx and pyriform sinuses (saliva pooling, lesions, asymmetry by mirror) NL ABN _____
 • Larynx: epiglottis, AE folds, FVC, TVC (mobility, lesion, edema, color by mirror) NL ABN _____

NECK:

• Larynx, trachea (symmetry, position, crepitus, tenderness, emphysema) NL ABN _____
 • Thyroid (size, symmetry, tenderness, nodule, mobility) NL ABN _____

LYMPHATIC:

• Lymph nodes (anterior, posterior, submandibular, submental, supraclav) NL ABN _____

RESPIRATORY:

• Chest (symmetry, expansion, effort, stridor, retraction) NL ABN _____
 • Auscultation Lungs (breath sounds, clear, rales, rhonchi) NL ABN _____

CARDIOVASCULAR:

• Pulses (bounding, weak, absent) NL ABN _____
 • Auscultation heart (rate, rhythm, murmurs, rub) NL ABN _____

Neurological:

• Cranial Nerves NL ABN _____

PSYCHIATRIC:

• Orientation (time, place, person) NL ABN _____
 • Mood and affect (depression, anxiety, agitation) NL ABN _____

Physician's Signature _____