

Using the 1997 E/M guidelines, this qualifies as a comprehensive exam because at least TWO bullets from EACH of NINE systems have been examined.

RESPIRATORY																	
Respiratory Effort				no	yes	Percussion				no	yes	R	L				
Increased/labored				X	?	Dullness											
Use of accessory muscles						Hyperresonance											
Other:						Other:											
Auscultation				no	yes	R	L	Palpation				no	yes				
Rhonchi				X	?			Increased tactile fremitus									
Crackles				X				Symmetric expansion									
Wheezes				X				Normal diaphragmatic excursions									
Friction rub								Other:									
Other:								Other:									
CARDIOVASCULAR																	
Carotids				no	yes	R	L	Palpation of Heart				no	yes				
Diminished								Displaced PMI									
Bruit				X	?			Hyperdynamic PMI									
Other:								Other:									
Heart Auscultation				no	yes	Abdominal Aorta				no	yes						
RRR, no MRGs				?	X	Increased size											
Systolic murmur						Bruits											
Diastolic murmur						Other:											
S4						Femoral Pulses				no	yes	R	L				
S3						Bruits											
Other:						Diminished											
Lower Extremity Edema				no	yes	Pedal Pulses				no	yes	R	L				
Bipedal edema				X	?	Absent											
Venous stasis edema						Diminished											
Other:						Absent											
GASTROINTESTINAL																	
Abdominal Exam				no	yes	Liver and Spleen				no	yes						
Masses				X	?	Hepatomegaly				X	?						
Tenderness				X		Splenomegaly											
Other:						Other:											
Hernias				no	yes	R	L	Rectal				no	yes				
Ventral								Masses									
Umbilical								Hemorrhoids									
Inguinal hernia								Decreased sphincter tone									
Incisional hernia								Other:									
Femoral hernia								Occult Blood Testing				no	yes				
Other:								Heme Positive									
MALE GENITOURINARY																	
Exam of Scrotum				no	yes	Exam of Penis				no	yes						
Hydrocoele						Lesion(s)											
Spermatocoele						Masses											
Cord tenderness						Discharge											
Testicular mass						Rash											
Other:						Other:											
Digital Rectal Exam										no	yes						
Enlarged prostate																	
Prostate nodule(s)																	
Prostate tenderness																	
Asymmetric prostate																	
Other:																	
CONSTITUTIONAL																	
Any Three Vital Signs				Ears/Nose/Mouth/Throat													
Blood Pressure				External Appearance of Ears and Nose				no	yes	Normal appearance				X			
Heart Rate				Rhynophyma						Other:							
Respirations				Hearing Assessment				no	yes	Decreased on right							
Temperature				Decreased on left						Other:							
Height				Otosopic Exam				no	yes	R	L	Canal erythema					
Weight				Canal erythema						TM erythema							
General Appearance				Discharge						Other:							
No acute distress				Other:						Nasal Mucosa, Septum and Turbinates				no	yes		
Conversant				Nasal mucosal edema						Nasal discharge							
Looks older than stated age				Mucosal ulcers						Other:							
Unkempt and disheveled				Inspection of Lips, Teeth and Gums				no	yes	Edentulous							
Other:				Good dentition						Gingival hyperplasia							
EYES				Pupils/Irises				no	yes	Abdominal Exam				no	yes		
Conjunctivae/Lids				Good dentition						Gingival hyperplasia							
Pale conjunctivae				Angular stomatitis						Cold sores/fever blisters							
Discharge				Other:						Other:							
Palpebral edema				Oropharynx Exam				no	yes	Mucosal ulcerations				X			
Ptosis				Mucosal ulcerations						Dry mucous membranes							
Other:				Posterior erythema						Pharyngeal exudate							
PERRLA				Pharyngeal exudate						Post-nasal drip							
R > L				Post-nasal drip						Vesicles							
L > R				Atrophic glossal papillae						Other:							
Small pupils				Other:						Other:							
Large pupils				Other:						Other:							
Sluggishly reactive to light				Other:						Other:							
Decreased accommodation				Other:						Other:							
Ophthalmoscopy				no	yes	R	L	CHEST/BREASTS									
Hemorrhages				Symmetric						Palpation				no	yes	R	L
Exudates				Breast masses/lumps						Axillary mass							
AV nicking				Other:						Other:							
Papilledema				Other:						Other:							
Other:				Other:						Other:							

This is only page one. Don't forget to go to page two

FEMALE GENITOURINARY

External Genitalia	no	yes	Urethra	no	yes	Bladder	no	yes	Cervix	no	yes	Uterus	no	yes	Adnexa and Parametria	no	yes
Lesions			Masses			Fullness			Lesions			Decreased mobility					
Discharge			Tenderness			Masses			Discharge			Tenderness			Masses		
Cystocele			Scarring			Tenderness			Tender			Normal size			Tenderness		
Rectocele			Discharge			Nodularity			Scarring			Normal position			Nodularity		
Other:			Other:			Other:			Other:			Other:			Other:		

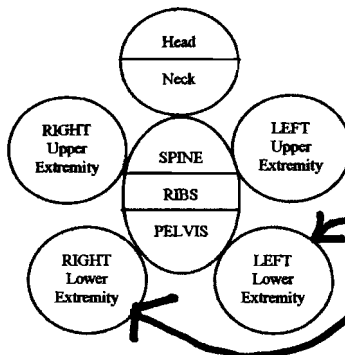
LYMPHATIC

(Assess for lymphadenopathy)

Neck	no	yes	R	L	Axillary	no	yes	R	L	Inguinal	no	yes	R	L	Other	no	yes	R	L
Submandibular					Apical					Superficial									
Submental					Anterior					Subinguinal									
Supraclavicular					Posterior					Deep Inguinal									

MUSCULOSKELETAL

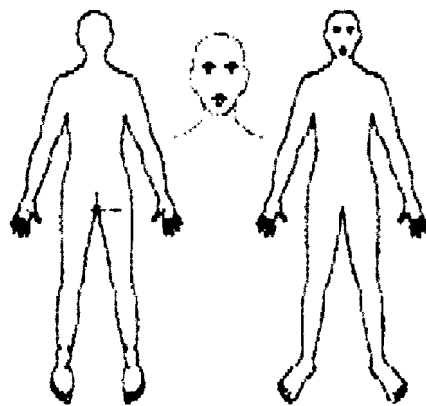
Gait and Station	no	yes	Inspection/Palpation	no	yes	Joint Stability	yes	no
Stable gait and station	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Misalignment			Dislocation		
Stooped posture			Asymmetry			Subluxation		
Shuffling gait			Crepitation			Laxity		
Ataxic gait			Tenderness			Other:		
Stiff gait			Masses			yes	no	
Positive Romberg test			Effusions			Muscle Strength and Tone		
Other:			Defects			Weakness		
			Other:			Atrophy		
						Fasciculations		
Exam of Digits	no	yes	Range of Motion	no	yes	Spasticity		
Clubbing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FROM			Cog-wheel rigidity		
Cyanosis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Limited ROM			Dystonia		
Petechiae			Crepitation			Flacidity		
Ischemia			Contractures			Bradykinesia		
Nodes			Other:			Other:		
Other:								



Each sphere represents ONE body area. Draw a line from positive or negative findings to the relevant body area. Score one bullet for each body area examined per exam modality.

SKIN

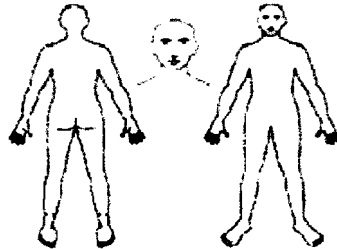
Inspection	no	yes
Jaundice		
Erythema		
Rash		
Vesicles		
Ulcer(s)		
Telangiectasia		
Echymoses		
Other:		
Palpation	no	yes
Warm and dry		
Cool and clammy		
Subcutaneous nodules		
Skin tightening		
Tenting		
Decreased turgor		
Hyperemia		
Other:		



For negative or normal findings, just check the relevant box. For positive findings, draw a line to the affected body area above.

NEUROLOGIC

Cranial Nerves												
Intact	I	II	III	IV	V	VI	VII	VIII	IX	X	XII	XII
yes												
no												
Sensory Exam												
Intact	Yes	No										
Light touch												
Pin-prick												
Vibration												
Proprioception												
Other:												
Reflexes			R	L								
Biceps												
Brachioradialis												
Triceps												
Quadriceps												
Achilles												
Other												



(Map positive sensory deficits above.)

0 = absent
 1+ = trace
 2+ = normal
 3+ = brisk
 4+ = non-sustained clonus
 5+ = sustained clonus

PSYCHIATRIC

Judgment and Insight	no	yes	Orientation	no	yes	Recent and Remote Memory	no	yes	Mood and Affect	no	yes
Judgment intact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Person	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Recent memory intact			Appropriate		
Judgment globally impaired			Place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Recent memory globally impaired			Agitated		
Insight intact			Time	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Remote memory intact			Confrontational		
Insight globally impaired			Situation			Remote memory globally impaired			Flat		
Other:			Other:			Other:			Other:		