

Affix Patient Identification Label

**General Clinic & Internal Medicine
Outpatient Assessment Form**

1. HISTORY

Chief complaint: _____

History of Present Illness

2. PAIN SCREENING NO PAIN PAIN

Pain Score "whenever applicable"

Location:Duration:

.....

Character:Frequency:

.....

Pain Management Done No Yes

3. PAST MEDICAL, FAMILY AND SOCIAL HISTORY (PFSH)

Past Medical History
Family History
Social History

4. CURRENT MEDICATIONS:

5. PHYSICAL EXAMINATION

● CONSTITUTIONAL (Check 3 or more vital signs)			EYES		YES	NO	ABNORMAL FINDINGS		
VITALS	HR: _____	Weight: _____	● Conjunctivae Pink Ptosis absent						
	BP: _____	Height: _____							
	RR: SpO ₂ : _____	Nutrition Good: <input type="checkbox"/> Yes <input type="checkbox"/> No	● PERRLA Jaundice absent						
	Temp: _____								
● Appearance :			● Fundi Clear, no AV nicking						
EARS/NOSE/MOUTH THROAT		YES	NO	ABNORMAL FINDINGS	RESPIRATORY		YES	NO	ABNORMAL FINDINGS
● Nose and Ears appear normal					● Normal Respiratory Effort				
● Good Dentition					● Palpation normal				

<ul style="list-style-type: none"> Pharyngeal Congestion absent Hearing normal (finger rub) Otoscopy normal Sinus Tenderness absent 				<ul style="list-style-type: none"> Percu Breat Adven 	Affix Patient Identification Label		
NECK	YES	NO	ABNORMAL FINDINGS	MUSCULO-SKELETAL	YES	NO	ABNORMAL FINDINGS
<ul style="list-style-type: none"> Tenderness & masses Tracheal shift JVP elevated Goitre 				<ul style="list-style-type: none"> Normal gait and station Cyanosis or Clubbing absent Joint swelling/deformity absent ROM normal 			
GASTROINTESTINAL	YES	NO	ABNORMAL FINDINGS	CARDIO-VASCULAR	YES	NO	ABNORMAL FINDINGS
<ul style="list-style-type: none"> Tenderness, Masses Bowel Sounds abnormal Ascites Organomegaly PR exam abnormal Hernias Any Scars 				<ul style="list-style-type: none"> Peripheral Pulses felt Arterial Bruits absent Precordial Palpation normal Heart Sounds normal Murmurs or Clicks absent Extra heart sounds, Rub absent Varicose Veins absent 			
NEUROLOGIC	YES	NO	ABNORMAL FINDINGS	PSYCHIATRIC	YES	NO	ABNORMAL FINDINGS
<ul style="list-style-type: none"> Cranial Nerves normal Ataxia & Tremors absent DTRs Intact & Symmetrical Superficial Reflexes normal Sensory System normal Muscle Power & Tone normal 				<ul style="list-style-type: none"> Conscious & Alert Oriented to Time, Place, Person Memory intact Appropriate Affect Mood Euthymic Intact Judgment & Insight 			
SKIN	YES	NO	ABNORMAL FINDINGS	LYMPHATICS	YES	NO	ABNORMAL FINDINGS
<ul style="list-style-type: none"> Rashes, Ulcers, Lesions seen Palpation abnormal Turgor reduced Local warmth or tenderness Edema present 				<ul style="list-style-type: none"> Cervical LAP Axillary LAP Inguinal LAP Epitrochlear LAP Waldeyer's Ring enlarged 			
CHEST							
Breasts normal							
Shape & Palpation normal							

6. PROVISIONAL DIAGNOSIS/ FINAL DIAGNOSIS

7. TREATMENT PLAN

Investigation Planned

Main Lines of Treatment

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Hospitalization Required – YES NO If **YES**, Estimated length of stay: _____