HISTORY AND PHYSICAL EXAM

(Charting by Exclusion)

DOS: _____ DOI: _____

DOB: _____ Initial: _____

_____ _____ _____ M F

Patient Name | Patient Signature | Age

_____ _____ _____ _____ _____ _____ _____

Time | Temp | O_2 Sat | HR | BP | Ht | Wt | Allergies

INJURY TYPE: -car Overturned Thrown from car Bicyclist Pedestrian

MVA: Head on Rear end Broadside L R Roll-over

Driver Pass F Pass RR Pass RL

INTERPRETER: _____ N/A

EXAM LIMITED: Cognition Affect Pain ↓Hearing

DOMINATE HAND: R L

DURING / AFTER INJURY

Wearing seat belt	Y N	LOC / Dazed / Confused	Y N	**IMPACT**: (lines indicate area impacted)	
Airbags deployed	Y N	Memory loss	Y N	Head	Windshield
Unanticipated	Y N	Dizziness / N / V	Y N	Face / Jaw	Dashboard
Braced yourself	Y N	Cuts / Bruises / Bleed	Y N	Shoulder	Steering wheel
Head turned	Y N	Visual loss / Seeing stars	Y N	Elbow / Arm / Hand	Side door / Window / Panel
Holding st wheel	Y N	Taken to ER by ambulance	Y N	Chest / Abdomen	Another occupant
Ambulated at scene	Y N	CT completed	Y N	Thigh / Knee	Seat / Head restraint
Police at scene	Y N	Meds prescribed	Y N	Leg / Foot	Seat belt

PREVIOUS EVALUATION None reported

Hospital UC Specialty DC

Imaging:

PMH None reported

HTN CHF DM PVD OA RA

Previous injuries / MVA

PSH None reported

Choly Appy CABG TAH Hernia

Spine surgery: CS TS LS

SHx

Tobacco ETOH Drugs

FHx N/A

MEDS

ASA Ibuprofen Naprosyn Tylenol Hydrocodone Flexeril Soma OTC

Patient reports no current meds

CURRENT SYMPTOMS

GENERAL: Dizziness Fainting ↓Balance Seizures Fatigue ↓Memory ↓Concentration Flashbacks Insomnia Anxiety Irritability ↓Ambulation

HEAD: HA Facial tenderness Bruises Broken teeth Jaw pain Jaw clicking ↓Taste

EENT: Eye pain Photophobia ↓Vision ↓Hearing Ear D/C Ear ringing Nasal trauma Nose Bleeds ↓Smell

DERM / HEM: Lacerations Abrasions Burns Bruises Seat belt marks Swelling Anticoagulation DVT Anemia

NECK: Pain Stiffness Spasm Burning ➔ **RADIATION**: None Shoulder Elbow FA Fingers

UP/MID BACK: Inter-scapular pain Trap spasm **CHEST / ABD**: Palpitations Pain w breathing Bruising Abd pain N / V

LOW BACK: Pain Stiffness Spasm ➔ **RADIATION**: Buttocks Thigh Knee Calf Toes

UE: Shoulder Elbow Wrist Finger **LE** Hip Knee Ankle Toe

PAIN

FREQUENCY: Occasional Frequent Constant Lasts hours

QUALITY: Dull Stabbing Sharp Burning Pounding Numbing Shooting

WORSE ↑: Sitting Standing Bending Turning Straining Coughing AM NOC

BETTER ↓: Rest Lying Movement Brace Heat Meds Elevation AM NOC

BEST LAST WEEK: 1 2 3 4 5 6 7 8 9 10

WORST LAST WEEK: 1 2 3 4 5 6 7 8 9 10

MEDICATION HELPS: Y N

DUTIES UNDER DURESS: Y N

SYSTEMS

GENERAL:	Cooperative NL posture NL speech	Visible discomfort Guarding Restlessness Limping DME
SKIN:	N color Intact	See diagram
HEAD:	NCAT Scalp non-tender	Scalp tenderness Facial asymmetry Trauma evidence:
EYES:	PERL EOM intact NL lids & conj	Pupils unequal EOM palsy SCH Field loss
ENT:	NL inspect NL voice N hearing	Ear canal blood Nasal passages blood Dental injury
CHEST / ABD:	NT NWOB No bruises/marks	Trauma evidence:

Patient _____ DOB _____

MSK

CERVICAL:

UP BACK / SH GIRDLE:

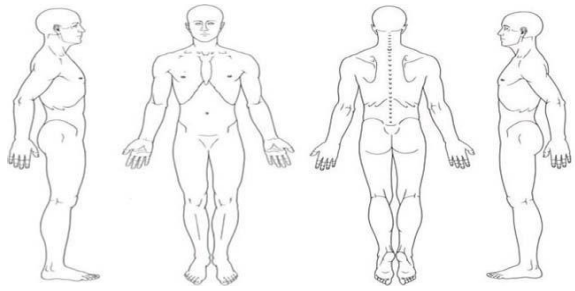
UE:

THORACIC

LUMBAR:

PELVIC GIRDLE:

LE:



A abrasion D deformity H hypertonicity P pain w motion S swelling, spasm W weakness NT non-tender TP trigger point + or O positive, present
B bruising G guarding M limited ROM R paresthesia, radiation T tenderness N normal ND non-distended I or ✓ intact - or \ negative, absent

NEURO

GENERAL: Tremors / tics not observed Cooperative

GAIT: Normal Limping Ataxic Antalgic Deliberate With assist

CN II-XII: Grossly intact

CEREB: Balance N Coord N Romberg NEG F→N / H→S intact

MOTOR: Hand f-on preserved Heel/toe walk intact CST intact

SENSORY: UE by touch intact LE by touch intact

SLR: R: L: **DTR**:

MENTAL: Euthymic Dysphoric Labile Irritable Flat Forgetful

ASSESSMENT

- Headaches (R51)
- Loss of consciousness (R55)
- Anxiety (F41.9)
- Insomnia secondary to pain (G47.00)
- TMJ pain (M26.60)
- Cervical pain (M54.2)
- Cervical sprain/strain (S13.4xxA)
- Cervical radiculitis/neuritis (M54.12)
- Cervical disc displacement/herniation (M50.20)
- Chest wall pain (R07.89)
- Thoracic pain (M54.6)
- Thoracic sprain/strain (S233xxA)
- Thoracic disc displacement/herniation (M51.24)
- Trapezius sprain/strain RIGHT (S46.811A)
- Trapezius sprain/strain LEFT (S46.812A)
- Shoulder pain: RIGHT (M25.511)
- Shoulder pain: LEFT (M25.512)
- Elbow injury: RIGHT (S59.901A)
- Elbow injury: LEFT (S59.902A)
- Lumbar pain (M54.5)
- Lumbar sprain/strain (S33.5xxA)
- Lumbar radiculitis/neuritis (M54.16)
- Lumbar disc displacement/hemiation (M51.26)
- Knee Pain: RIGHT (M25.561)
- Knee Pain: LEFT (M25.562)
- Disturbed sensation-paresthesia (R20.2)
- Secondary to MVA (V49.9xxA)
- Secondary to Slip and Fall (WOl.OxxA)

REFER

IMAGING: Reviewed w pt Pending

LABS: Reviewed w pt Pending

SPECIALTY: Reviewed w pt Pending

PLAN

- Conservative rehabilitation for 12-15 weeks to include chiropractic and other modalities.
- Promote interventions emphasizing patient responsibility: therapeutic exercise / stretching at home, early return to activity, cognitive restructuring.
- Detailed ortho / neuro examination by chiropractic.
- Consider specialty evaluation (ortho, neurology, pain management, neurology, psychology) if not progressing.
- Follow up w PCP to address chronic health issues.
- Treating provider to obtain old medical records:

RX

Anti-inflammatory to control soft tissue inflammation and pain:	Naproxen 500 mg	Ibuprofen 600 800 mg	OTC	PMP verified
Antispasmodic to decrease muscle hypertonicity and improve sleep:	Meloxicam 7.5 mg	Diclofenac Na 50 mg	w food	UDS office sent out
Opioid pain medications for short term relief of extreme pain:	Tizanidine 4 mg QHS	Cyclobenzaprine 5 mg	QHS	See attached Rx
DME:	Tramadol 50 mg	Hydrocodone 5/300 mg	PRN	Sent electronically

Potential SE of medications explained to pt. These include, but are not limited to, nausea, vomiting, diarrhea, bleeding, drowsiness, impaired mentation, & habit formation.

INSTRUCTED: Dx Tx Rx AE R&B Referrals Wt Compliance Stress reduction

CONDITION: Stable Unstable Urgent

NOTICE OF EMERGENCY MEDICAL CONDITION: The undersigned licensed medical provider, hereby asserts:
This patient, in my opinion, has suffered an *Emergency Medical Condition* as a result of the injuries sustained in an automobile accident. The patient exhibits acute symptoms, including severe pain. The absence of immediate medical attention could reasonably be expected to result in any of the following: a) serious jeopardy to patient health; b) serious impairment to bodily functions; or c) serious dysfunction of a bodily organ or part.

RTC: _____, sooner if sx worsen

I hereby attest that I am a physician, dentist, physician assistant, or advanced practice registered nurse licensed under chapters 458, 459, or 466, and that the above evaluation is true and correct to the best of my knowledge.

MEDICAL PROVIDER: _____ DISCUSSED WITH: _____

We are NOT contracted with any health insurance companies, and ONLY accept attorney liens, PIP through your automobile insurance, and third-party claims.