

Name _____ Date _____

General • Vital signs Pulse _____ Resp _____ Temp _____ Ht _____ Wt _____

- General appearance NI Ab
- Communication & voice NI Ab

**Head/
Face**

- Inspection of head & face NI Ab
- Palpation &/or percussion of face (tenderness) NI Ab
- Examination of salivary glands NI Ab
- Assessment of facial strength NI Ab

Ears

- Otoscopic exam of EAC and TM (mobility) NI Ab
- Assesment of hearing (tuning forks/clinical SRT's) NI Ab
- External inspection of ears NI Ab

Nose

- Inspection of nasal cavity /nose, septum and turbs NI Ab

C/OP

- Inspection of lips, teeth and gums NI Ab
- Exam of oropharynx (mucosa, palate, tonsils, etc) NI Ab

Throat

- Inspection of pharyngeal walls / piriform sinuses NI Ab
- Exam of larynx w/mirror-appearance of epiglottis, FVC's / TVC's and mobility NI Ab
- Exam of nasopharynx w/ mirror appearance of the mucosa, adenoids, posterior choanae & eustachian tube NI Ab

Neck

- Exam of neck,cervical glands, etc. NI Ab
- Exam of thyroid gland NI Ab

Eyes	• Test of EOM's & primary gaze alignment	<input type="checkbox"/> NI	<input type="checkbox"/> Ab
Resp	• Chest symmetry, expansion &/or resp effort	<input type="checkbox"/> NI	<input type="checkbox"/> Ab
CV	• Exam of peripheral vascular system(arotid,radial,etc.)	<input type="checkbox"/> NI	<input type="checkbox"/> Ab
Lymph	• Palpation of lymph nodes in neck, axillae,etc	<input type="checkbox"/> NI	<input type="checkbox"/> Ab
Neuro	• Test cranial nerves-note any deficits	<input type="checkbox"/> NI	<input type="checkbox"/> Ab
Psych	• Brief assessment of mental status; orientation x 3	<input type="checkbox"/> NI	<input type="checkbox"/> Ab
	• Mood and affect	<input type="checkbox"/> NI	<input type="checkbox"/> Ab
Musc/Skel	• TMJ area, cervical spine	<input type="checkbox"/> NI	<input type="checkbox"/> Ab

Endoscope-FFL/Nasal Endo/Nasopharyngocopy/ _____

Office procedures - cautery/packing/cermen removal/ _____

Data reviewed - Audio tests/CT scan/MRI/Sonogram/Blood tests/chart notes/ENG/ABR/EGoG/Sleep studies

X-rays/biopsy/ _____

Impression (Diagnosis)

Plan

PMH REVIEWED AND UPDATED
BY CLINICIAN _____