BAY REGIONAL WOODLAND HEALTHCARE
ENT/RESPIRATORY ASSESSMENT

Name: _____ DOB: _____

☐ VS Reviewed ☐ Nursing/M.A. Notes Reviewed

ALLERGIES: _____

HISTORY

CC: _____

Length of Symptoms? _____

Fever? Yes ☐ No ☐ Highest Temp Experienced? _____ When? _____

	Yes	No		Yes	No		Yes	No
Sore throat?	☐	☐	Ear pain? RT / LT	☐	☐	Body aches?	☐	☐
Cough?	☐	☐	Itchy eyes/nose?	☐	☐	Phlegm?	☐	☐
H/O swimming recently?	☐	☐	Dyspnea?	☐	☐	Hemoptysis	☐	☐
Post nasal drip?	☐	☐	Headache?	☐	☐	Runny nose?	☐	☐

Have you had "cold sores" in the past? Yes ☐ No ☐ Any at the present time? Yes ☐ No ☐

HAVE YOU EVER HAD ANY OF THE FOLLOWING?

Do you smoke? Yes ☐ No ☐

	Yes	No
Anaphylaxis?	☐	☐
Tonsillectomy?	☐	☐
Asthma?	☐	☐

Last time treated for asthma? _____ Where? _____

Duration of episode? _____ Normal Peak Flow _____

Frequency of episodes? _____

Inhaler usage/day? _____

Environmental allergies?	☐	☐
Allergy testing done?	☐	☐
ENT problems? Surgeries	☐	☐
Epiglottitis?	☐	☐
Upper airway obstruction?	☐	☐
Myringotomy tubes?	☐	☐
Splenectomy?	☐	☐
Tuberculosis?	☐	☐
HIV?	☐	☐
ETOH (alcohol) abuse?	☐	☐
Cancer?	☐	☐
Seizures?	☐	☐
Diabetes?	☐	☐
Any hospital admissions?	☐	☐

Describe: _____

Any other problems you are having today related to your chief complaint? _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

<u>Children Under Age 2</u>

Abrupt/diminished feeding?	☐	☐
Change in level of interaction? (or lack of interaction)	☐	☐

Alert ☐ Playful ☐ Quiet ☐ Irritable ☐ Consolable ☐ Talkative ☐ Lethargic ☐ Dysphonia ☐ Drooling ☐ Sleeping ☐

Skin: Warm ☐ Dry ☐ Moist ☐ Rash: Yes ☐ No ☐ Toxic: Yes ☐ No ☐ Adequate Cap Refill: Yes ☐ No ☐

Color: Normal ☐ Cyanosis ☐ Site: _____ Hydration: Normal ☐ Abnormal ☐

Eye Contact: Normal ☐ Abnormal ☐ Able to eat popsicle? Yes ☐ No ☐

HEAD & NECK

Right TM: Clear ☐ Red ☐ Bulging ☐ Bullous ☐ Effusion: Yes ☐ No ☐ Type: Clear / Purulent Perforated Yes ☐ No ☐
Left TM: Clear ☐ Red ☐ Bulging ☐ Bullous ☐ Effusion: Yes ☐ No ☐ Type: Clear / Purulent Perforated Yes ☐ No ☐
Cerumen: Yes ☐ No ☐ R / L
Pain w/Traction of Pinna Yes ☐ No ☐ R / L
EAC: Inflamed: Yes ☐ No ☐ R / L Drainage Yes ☐ No ☐ R / L

Nose: Clear ☐ Congested ☐ Swollen ☐ Pale ☐ Red ☐ Polyps ☐
Drainage Yes ☐ No ☐ Type: Clear / Purulent

Pharynx? Clear ☐ Red ☐ Exudate ☐ Describe: _____

Tonsils: Enlarged Displaced		Yes ☐	No ☐	Tongue: Swollen	Yes ☐	No ☐
Vesicles/Canker sores:		Yes ☐	No ☐	Peritonsillar Abscess	Yes ☐	No ☐
MM moist:		Yes ☐	No ☐	Soft Palate: Red/Swollen	Yes ☐	No ☐
Thrush		Yes ☐	No ☐	Uvula: Swollen	Yes ☐	No ☐
				Midline	Yes ☐	No ☐
Neck Supple		Yes ☐	No ☐	Thyroid: Enlarged/Tender	Yes ☐	No ☐
Lymphadenopathy:	Anterior	Yes ☐	No ☐	TMJ/Mastoids: Tender	Yes ☐	No ☐
	Posterior	Yes ☐	No ☐	Tenderness of Frontal Sinuses	Yes ☐	No ☐
Trachea: Midline		Yes ☐	No ☐	Tenderness of Maxillary Sinuses	Yes ☐	No ☐

LUNGS:

Clear ☐ Wheezes ☐ Crackles ☐ Stridor ☐ Rhonchi ☐ Diminished ☐
Describe: _____
Using Accessory Muscles? Yes ☐ No ☐ Retractions? Yes ☐ No ☐ Nasal Flaring? Yes ☐ No ☐
Prolongation of End Expiratory Phase? Yes ☐ No ☐ Grunting: Yes ☐ No ☐

HEART

Sounds: _____ Mumur: Yes ☐ No ☐
Describe: _____

ABDOMEN

	Yes	No	
Soft	☐	☐	
Other	☐	☐	Describe: _____
Tender to Palpation	☐	☐	Location: RUQ ☐ RLQ ☐ LUQ ☐ LLQ ☐ Umbilical ☐ Epigastric ☐
Organomegaly	☐	☐	
Guarding/Rebound	☐	☐	Bowel Sounds: Normal ☐ Decreased ☐ Increased ☐
Scars	☐	☐	Location: _____

Comments: _____

IMPRESSION: _____

PLAN: _____

_____

_____

_____

_____

Date: _____ Provider Signature: _____