

UPPER RESPIRATORY INFECTION EXAM

Name: _____ DOB: _____ Date: _____

HT _____ WT _____ BMI _____ BP _____ P _____ R _____ T _____

Subjective:

Do you have a runny nose? Yes No

If "yes", describe the nature of drainage:

clear yellow/green white

thick bloody

Do you have any nasal congestion? Yes No

Do you have any sinus pain? Yes No

Do you have post nasal drip? Yes No

Are your eyes: red? watery? itchy?

Do you have ear pain? Yes No

Do you have a fever? Yes No

Do you have nausea? Yes No

Have you vomited? Yes No

Do you have diarrhea? Yes No

Do you have a sore throat? Yes No

Are you achy? Yes No

Do you have any pain? Yes No

If "yes", rate your level of pain:

None 0 1 2 3 4 5 6 7 8 9 10 Severe

Do you have any rashes? Yes No

Do you have a cough? Yes No

If "yes", describe your cough:

dry productive

Nature of sputum, if any:

clear yellow/green white

thick bloody

Do you have asthma? Yes No

Smoking environment? Yes No

Other symptoms: _____

Do you have any allergies? _____

How long have you felt sick? _____

What medicines have you tried? (Include herbal or over-the-counter medicines.) _____

Was there any improvement? _____

Do you need a school/work note? Yes No

Do you need other medicine refilled?
 Yes No

Objective:

CC: _____

HPI: Patient history reviewed

Exam: Well-developed/well-nourished

Normal Abnormal

Ears _____

Eyes _____

Nose _____

Sinuses _____

Pharynx _____

Nodes _____

Lungs _____

Heart _____

Abdomen _____

Other _____

Assessment:

Acute bronchitis 466.0 Otitis externa 380.10 Pneumonia 486

Allergic rhinitis 477.9 Otitis media 382.9 Sinusitis 461.9

Asthma 493.90 Otitis media, Strep 034.0

Conjunctivitis 372.00 serous 381.10 URI 465.9

Flu 487.1 Pharyngitis 462 _____

Plan:

Strep test: do culture and sensitivity

Chest X-ray Symptomatic treatment

Anticipatory Guidance / Health Education Yes No

Nutrition Yes No

Physical Activity Yes No

Follow up: prn or _____ week(s) or _____ month(s)

Off work or school from _____ to _____

Comments: _____

Physician Signature

Date