

Patient Name: _____ DOB _____ Age _____ Date _____

HPI: 1. location 2. quality 3. severity 4. duration 5. timing 6. context 7. modifying factors 8. associated signs & symptoms

PAIN: Severity: 0 _____ 5 _____ 10 Quality: Sharp, Dull, Irritating, Burning, Itching, _____

Consulting Physician: _____

Chief Complaint(s): _____

Allergies: _____

Medications/Therapies/Supplements: _____

Response to conventional Medications & Therapies: None Partial Relief of Symptoms

Past Medical History: _____

Past Surgical History: _____

ROS	See questionnaire	WNL or unremarkable	History & Physical Examination Notes
Constitutional	<input type="checkbox"/>	<input type="checkbox"/>	
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	
ENT& Mouth	<input type="checkbox"/>	<input type="checkbox"/>	
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	
Gastrointestinal	<input type="checkbox"/>	<input type="checkbox"/>	
Genitourinary	<input type="checkbox"/>	<input type="checkbox"/>	
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	
Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>	
Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	
Blood/Lymph	<input type="checkbox"/>	<input type="checkbox"/>	
Allergy/Immun.	<input type="checkbox"/>	<input type="checkbox"/>	
Family History	<input type="checkbox"/>	<input type="checkbox"/>	https://azcspmp-ph.hidinc.com CSPDMP website checked: <input type="checkbox"/> No Profile Found <input type="checkbox"/> Profile Printed & Reviewed by Physician
Social History	<input type="checkbox"/>	<input type="checkbox"/>	

Patient Name: _____ DOB _____ Age _____ Date _____
 Height: _____ Weight: _____ BP: _____ P: _____ Temp: _____ RR: _____

Physical Exam Elements

1. Constitutional:

- Well developed, well nourished, NAD
- Vitals

2. Eyes:

- Conjunctiva clear, no lid lag & deformity
- PERRLA, extra-ocular movements intact
- Optic disks normal in size; normal cup to disk ratio; no arteriolar narrowing, AV nicking, exudates, or hemorrhages

3. Ears, Nose, Mouth and Throat:

- External ears and nose appear WNL; no scars, lesions, masses
- Hearing grossly intact
- Pharynx pink, tonsils present, tongue & uvula are midline
- Lips moist and pink; teeth in good repair; gums pink & firm
- Nasal mucosa moist & pink; septum midline; turbinates intact
- Ext canals clear, TMs intact & pearly grey

4. Neck:

- Symmetric and supple; trachea is midline; no masses, lymphadenopathy, crepitus
- Thyroid non-enlarged, non-tender, no masses, no nodules

5. Respiratory:

- Respiration is diaphragmatic & even; accessory muscles not used
- Tactile fremitus equal bilaterally
- Lungs clear to auscultation; vesicular breath sounds in all regions; no adventitious sounds or rubs
- Chest clear on percussion; no dullness, flatness, hyperresonance

6. Cardiovascular:

- RRR; no extra sounds, murmurs, rubs or gallop
- No carotid bruits
- Extremities – warm to touch, normal hair distribution, non-edematous
- Abdominal aorta – no bruits; normal in diameter
- Pedal pulses – intact and equal bilaterally
- Femoral arteries – pulses intact; no bruits
- Palpation of heart WNL; PMI normal in diameter & palpable in 5th ICS in MCL

7. Gastrointestinal:

- No tenderness or masses on palpation
- No splenomegaly or hepatomegaly
- Negative stool occult blood test
- Sphincter tone WNL, no hemorrhoids or masses
- No hernias present

8. Musculoskeletal:

- Gait is symmetrical & balanced
- Digits and nails show no clubbing, cyanosis, petechiae, ischemia, infections, or nodes on the hand; or other areas examined: _____
- ROM WNL, no pain, crepitation or contracture
- Stability intact, no dislocation, subluxation, or laxity
- No misalignment, asymmetry, crepitation, defects, tenderness, masses, effusions
- Muscle strength 5/5; normal tone, no flaccidity, cog-wheel or spasticity; no atrophy or abnormal movements

9. Psychiatric:

- Alert and oriented to time, place, and person
- Mood and affect appropriate
- Judgment & insight WNL
- Recent and remote memory intact

10. Skin:

- No rashes, lesions, or ulcers on inspection
- Warm, normal turgor; no induration, nodules, tightening on palpation

11. Lymphatic (2 areas):

- No cervical lymphadenopathy
- No axillary lymphadenopathy
- No inguinal lymphadenopathy

12. Neurologic:

- All cranial nerves intact
- DTR 2+/4+ and equal bilaterally
- No sensory deficits by touch, pin, vibration, proprioception

13. Chest (Breasts):

- Breasts appear symmetrical; no nipple discharge
- No masses, lumps or tenderness on palpation in chest & axillae

14.a Male genitourinary:

- No penile lesions or discharge
- DRE of prostate – palpable, non-enlarged, non-tender, no nodules
- No hydrocele, spermatocele, tenderness of cord, or testicular masses

14.b Female genitourinary:

- Bladder without masses or tenderness
- External genitalia without lesions, masses, tenderness or swelling
- Urethra without scarring, masses or tenderness
- Cervix smooth, uniform in color, without lesions
- Uterus firm, non-tender, no masses
- Parametrial Adnexa non-tender, no masses or nodularity

Abnormal Findings & Today's Procedure:

Impression/Assessment: Does not qualify for a medical marijuana recommendation Glaucoma
 Cancer HIV or AIDS ALS Hepatitis-C Crohn's disease Alzheimer's disease with agitation
 A chronic or debilitating condition with:

- Severe and persistent muscle spasms Severe and chronic pain
- Anorexia or wasting Severe nausea Seizures

Recommendations or Rx: Recommendation for Medical Marijuana: x 90-days Other:
 Medical Marijuana Not Recommended at This Time Further Medical Workup or Documentation Required

Plan: Re-evaluation in 90-days Re-evaluation in 1-year Written consultation sent to PCP or other doctor(s)
 Re-evaluation when all medical records are received

Future Plan:

