

Student: \_\_\_\_\_  
Faculty: \_\_\_\_\_

Date submitted: \_\_\_\_\_  
Date returned: \_\_\_\_\_

HISTORY / PHYSICAL EXAMINATION EVALUATION-NURSERY

	Maximum Points	Actual Score
I. IDENTIFYING INFORMATION.....	5	_____
⇒ SOURCE OF INFORMATION ( <i>Parent, patient, old chart, etc.</i> )		
⇒ MEDICAL REASON FOR ADMISSION		
II. HISTORY.....	30	_____
⇒ CHIEF COMPLAINT ( <i>nature, duration, and onset</i> )		
⇒ PRESENT ILLNESS		
<i>Appropriate sequence of events</i>		
<i>Adequate description of symptoms</i>		
<i>Clarity and conciseness</i>		
⇒ PAST MEDICAL HISTORY		
<i>Appropriate sequence of events</i>		
<i>Adequate descriptions of past illnesses, surgeries, and medications</i>		
<i>Perinatal History</i>		
<i>Immunization and allergies</i>		
⇒ REVIEW OF SYSTEMS ( <i>a systematic attempt to elicit current symptoms not yet reported</i> )		
<i>Adequate reflection of additional <u>current</u> symptoms</i>		
⇒ FAMILY HISTORY		
<i>Family tree through grandparents</i>		
<i>Relevance to present illness</i>		
⇒ SOCIAL HISTORY		
<i>Adequate description of the child's environment</i>		
⇒ DIETARY HISTORY		
<i>Early feedings and current diets and habits</i>		
<i>Food intolerance</i>		
⇒ AGE APPROPRIATE DEVELOPMENT		
<i>Major milestones</i>		
<i>Psychomotor development &amp; school</i>		
<i>Interpersonal skills and socialization</i>		
III. PHYSICAL EXAMINATION.....	25	_____
Please Attach the Growth Chart and BMI		
___ Vital Signs / Growth-including head circumference (percentile & growth chart)		
___ General Appearance		
___ Head	___ Neck	___ Eyes
___ ENT	___ Cardiopulmonary	___ Abdomen
___ Skin	___ Extremities	___ Lymphatics
___ DDST	___ Neurological	___ Genitalia (including Tanner staging)
IV. PROBLEM LIST.....	5	_____
Complete list of problems identified in history and physical		
V. ASSESSMENT.....	5	_____
Appropriate and concise summary of the pertinent positives and negatives		
VI. DIFFERENTIAL DIAGNOSIS .....	5	_____
Relevant to case		
VII. PLAN		
⇒ DIAGNOSTIC PLAN.....	5	_____
<i>Appropriate Procedure &amp; labs</i>		
<i>Adequate documentation of need</i>		
<i>Relate each plan item to a problem</i>		
⇒ THERAPEUTIC PLAN.....	5	_____
<i>Appropriate procedures &amp; medications</i>		
<i>Adequate documentation &amp; explanation of procedures, medications, &amp; dosages</i>		
⇒ PATIENT/PARENT EDUCATION .....	5	_____
<i>Explanation of problems, plans, &amp; follow-ups</i>		
VIII. OVERALL QUALITY.....	10	_____
<i>Readability</i>	<i>Grammar and composition</i>	
<i>Organization</i>	<i>Appropriate use of Abbreviations</i>	
<i>Absence of duplication</i>	<i>Adequate use of medical terminology</i>	

EVALUATED BY: \_\_\_\_\_

GRADE: \_\_\_\_\_