CHIEF COMPLAINT:

HPI: Location, quality, severity, duration, timing, context, modifying factors, assoc. S/Sx, or describe status of 3 chronic conditions.

ROS: list abnormalities

Past medical history

Medications

VITAL SIGNS: BP P R T HGT WGT lb kg

NIH STROKE SCALE

NIH STROKE SCALE TOTAL SCORE: 

<**SEE PAGE 2**>

file under tab #5 – history and physical
### NAME: ______________________________________________

USA DEPARTMENT OF NEUROLOGY – page 2/2

USA #: _____________________

REF PHYSICIAN: ________________________________________

DATE: _____________________

☐ A checked box means “I evaluated and results were within normal limits except as noted”.

<table>
<thead>
<tr>
<th>AREA EXAMINED</th>
<th>LIST SPECIFIC FINDINGS AND/OR ABNORMALITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONSTITUTIONAL</td>
<td>WDWN</td>
</tr>
<tr>
<td>EYES</td>
<td>Ophthalmoscopic exam of optic discs and posterior segments: size, appearance, vessel changes</td>
</tr>
<tr>
<td>CARDIOVASCULAR</td>
<td>Carotid arteries</td>
</tr>
<tr>
<td>MUSCULOSKELETAL</td>
<td>Examination of gait and station</td>
</tr>
<tr>
<td>NEUROLOGIC</td>
<td>Evaluation of higher integrative functions:</td>
</tr>
<tr>
<td></td>
<td>Test the following cranial nerves:</td>
</tr>
<tr>
<td></td>
<td>Testing of:</td>
</tr>
<tr>
<td>OTHER EXAMS:</td>
<td>ENT</td>
</tr>
</tbody>
</table>

Decubiti: ☐ Yes ☐ No

CT HEAD performed at time ______________; read at ______________

REVIEW OF OTHER STUDIES - I reviewed: (describe findings)

☐ MRI BRAIN
☐ CT BRAIN
☐ MRA/CTA
☐ EEG
☐ Labs
☐ Med records

IMPRESSION & RECOMMENDATIONS/PLAN OF CARE:

☐ tPA initiated – date: ________ time: ________; reason if not given: ☐ >3h since onset  ☐ age <18  ☐ improvement  ☐ minor deficit  ☐ other (list)

☐ I have reviewed the patient case, treatment plans and medication orders & agree with the resident’s notes.
☐ I personally saw and examined the patient and reviewed the case with the resident. I agree with the resident’s assessment and plan as documented unless I have noted any exceptions or additional documentation.

MOI – 9/2/10

file under tab #5 – history and physical