ASSESSMENT ADDENDUM - AMBULATORY

SYSTEM ASSESSMENT

OBSERVATIONS AND MEASUREMENTS

NORMAL FINDINGS	ABNORMAL SIGNS	HISTORY / CURRENT MEDICAL CONDITIONS	COMMENTS
CNS ☐	☐ Tremors ☐ Pupils unequal ☐ Dizziness ☐ Speech slurred ☐ Unsteadiness ☐ Paralysis (comment) ☐ Disoriented ☐ Paresis (comment) ☐ Memory loss ☐ Motor/Sensory loss ☐ Headache ☐ Vertigo	☐ Seizure disorder ☐ Alzheimer's ☐ Stroke ☐ Other dementia ☐ TIA ☐ Multiple Sclerosis ☐ Cerebral palsy ☐ Migraine headaches ☐ Parkinson's disease ☐ Headaches ☐ Myasthenia gravis ☐Diabetic Neuropathy ☐ Traumatic brain injury	☐ Other:
CVS ☐	☐ Heart murmur ☐ Arrhythmia ☐ Cyanosis ☐ Tachycardia ☐ Edema ☐ Bradycardia	☐ CHF ☐ Rheumatic fever ☐ Hypertension ☐ MI ☐ Hypotension ☐ Angina ☐ Anemia ☐ ASHD ☐ Blood disorder ☐ DVT ☐ Chest pain ☐ PVD ☐ Syncope ☐ Cardiac dysrhythmia ☐ Varicose Veins	☐ Pacemaker ☐ Implanted cardioverter/defibrillator ☐ Facility VTE screening tool completed ☐ Other:
RESP ☐	☐ Shallow ☐ Wheezing ☐ Rapid ☐ Cough ☐ Slow ☐ SOB ☐ Dyspnea	☐ Asthma ☐ Frequent URI ☐ Pneumonia ☐ COPD ☐ Bronchitis ☐ Emphysema ☐ Sleep Apnea ☐ TB	☐ Chest sounds clear ☐ Uses CPAP/BiPAP ☐ Other:
GI ☐	☐ Flatulence ☐ Diarrhea ☐ Distension ☐ Nausea ☐ Lump ☐ Emesis ☐ Obesity ☐ Indigestion ☐ Asymmetry ☐ Heartburn ☐ Constipation	☐ Bulimia ☐ Cholelithiasis ☐ Hiatus hernia ☐ Anorexia ☐ Umbilical hernia ☐ Ulcer ☐ Colitis ☐ Hemorrhoids ☐ Diverticulitis ☐ Crohn's ☐Celiac ☐Gastroparesis	☐ See Elimination ☐ Bowel sounds normal x 4 quadrants ☐ Other:
GUR ☐	☐ Discharge ☐ Burning ☐ Lesions ☐ Blood in urine ☐ Other:	☐ Cystocele ☐ Kidney problems ☐ Rectocele ☐ Renal failure ☐ Hysterectomy ☐ Frequent UTI ☐ Menstrual problems ☐ Prostate problems ☐ Sexually transmitted infection	☐ See Elimination ☐ LMP (date) ☐ NA Pregnant ☐ Yes ☐ No ☐ Other:
INTEG ☐	☐ Bruising ☐ Rash ☐ Dry ☐ Lesions ☐ Pale ☐ Diaphoretic ☐ Abrasions ☐ Flushed ☐ Dehydrated ☐ Ulcer ☐ Jaundice ☐ Pruritus ☐ Cyanosis	☐ Psoriasis ☐ Eczema ☐ Herpes zoster ☐ Bruises easily ☐ Herpes simplex ☐ Tattoos ☐ Piercings	☐ Facility-specific pressure sore risk tool completed ☐ Other:
MS ☐	☐ Swelling ☐ Limited ROM ☐ Deformities ☐ Spasms ☐ Weakness/Atrophy ☐ Amputation(s)	☐ Rheumatoid arthritis ☐ Osteoporosis ☐ Osteoarthritis ☐ Scoliosis ☐ Gout ☐ Back problems/pain ☐ Pathological fracture: ☐ Hip fracture *(last 6 months)*: ☐ Rt ☐ Lt ☐ Other fracture *(last 6 months)*:	☐ See Mobility Record ☐ Other:
EENT ☐	☐ Deafness ☐ Facial paralysis ☐ Blurred vision ☐ Aphasia ☐ Nystagmus ☐ Dysphasia ☐ Tracheotomy ☐ Conjunctivitis	☐ Diabetic retinopathy ☐ Hearing problems ☐ Macular degeneration ☐ Sinusitis ☐ Glaucoma ☐ Tinnitus ☐ Cataracts	☐ Other:
ENDO ☐	☐ Exopthalmia ☐ Polydipsia ☐ Enlarged tongue ☐ Polyphagia ☐ Goiter ☐ Polyuria ☐ Glucosuria	☐Prediabetic ☐ Diabetes Mellitus Type 1 ☐ Diabetes Mellitus Type 2 ☐ Hyperthyroidism ☐Addison's Disease ☐ Hypothyroidism ☐Cushing's Disease	☐ Other:
			DATE AND ID