VANTAGE MEDICAL GROUP-COMPREHENSIVE PHYSICAL EXAM

ALL FIELDS REQUIRED	DATE OF SERVICE:
PATIENT NAME:	DOB:
MEMBER ID:	Health Plan:
PROVIDER NAME/CREDENTIAL:	

PROGRESS NOTE

Allergies:	Height:	Weight:	BMI:
Sex: ☐ Male ☐ Female	RR:	HR:	BP:
Oxygen Status: _______________% Oxygen Home Oxygen Use: ☐ Yes ☐ No		Wheelchair Dependant: ☐ Yes ☐ No	

Chief Complaint:

History of Present Illness:

PATIENT HISTORY

Family History	☐Family History is Non-contributory Family History Positive for: ☐CKD ☐Heart Disease ☐Cancer ☐Diabetes ☐Other:____
Past Surgery / Resolved illness	
Social History	Birthplace:_______________________________ Employed: ☐Yes ☐No ☐Retired ☐Disabled Occupation:__________________________ Primary Language:________________________ ☐Married ☐Divorced ☐Widowed ☐Single # Children:___________________________

PHYSICAL EXAM

(Please complete thoroughly each section unless exam component was deferred-All Abnormals MUST be documented)

If System deferred, check here		
☐	GENERAL	General Appearance: ☐ Well Nourished ☐ Well Developed ☐ Other: ☐ Alert ☐ Anxious (Level of Distress): ☐ No Acute Distress ☐ Mild ☐ Moderate ☐ Severe Race:___________________________________ Abnormal Findings:
☐	HEAD	☐ Facial Feature Symmetric ☐ Skull Normocephalic ☐ Hair and Scalp Normal Abnormal Exam Findings:
☐	EYES	Vision: ☐Normal ☐Abnormal Lids/Lashes: ☐Normal ☐Abnormal ☐Erythema ☐Drainage ☐ Conjunctivae Pink - No Injection ☐ PERRLA___________ ☐Scleral Icterus ☐Pale Conjunctivae ☐EOM Normal ☐AV Nicking ☐Visual Acuity RT-20/_____ LT-20/_____ Abnormal Exam Findings:
☐	ENT	☐ENT Inspection Normal ☐Throat Normal ☐Mucus Membranes Pink and Moist ☐Nasal Septum Normal ☐TM's Normal ☐Auditory Canal Normal ☐Hearing Grossly Intact ☐Sinus Tenderness (Location:______________) Abnormal Exam Findings:
☐	NECK	☐Supple Normal ☐No Cervical Adenopathy ☐Thyroid Normal ☐Thyromegaly ☐Nodules Present ☐JVP Absent ☐JVD Present: ☐Right ☐Left ☐Bilateral ☐Carotid Bruit(s) Present: ☐Right ☐Left ☐Bilateral Abnormal Exam Findings:

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☐	RESPIRATORY	☐Lungs Clear Bilaterally ☐No Chest Wall Tenderness ☐Cough Absent ☐Percussion Normal ☐SOB ☐Crackles Present-Details: ____________________ ☐Wheezes Present-Details: ______________________ ☐Rhonchi Present-Details: ____________________ Tracheotomy Present: ☐ Yes ☐ No Year placed_________ Abnormal Exam Findings:
☐	CARDIAC	☐Normal S1/ S2 ☐S3 Present ☐S4 Present ☐Rate Normal ☐Tachycardia ☐Bradycardia ☐ Rhythm Regular ☐ Rhythm Irregular ☐ Rubs Present ☐ No Murmurs If murmur present, please describe location & grade: Abnormal Exam Findings:
☐	VASCULAR	☐Pedal Pulses Normal ☐Lower Extremities: ☐Warm ☐Cool ☐No Varicosities ☐Venous Stasis Absent ☐Hair Loss Noticeable on Lower Extemity ☐No Cyanosis ☐No Ulceration Present ☐No Edema ☐No Calf Tenderness ☐No Clubbing ☐Edema Present (please describe location, pitting or nonpitting +1, 2, 3): Abnormal Exam Findings:
☐	CHEST / BREAST	☐Chest Grossly Symmetrical Bilaterally ☐Breast Exam Deferred ☐No Breast Dimpling ☐No Drainage ☐No Breast Masses ☐No Chest or Breast Nodules ☐No Nipple Inversion ☐No Axillary Nodes Bilaterally ☐Breast(s) Absent: ☐Right ☐Left ☐Implant Status: ☐Right ☐Left ☐Cosmetic ☐Reconstructive Abnormal Exam Findings:
☐	GI	☐Abdomen Symmetrical ☐No Abnormal Distension ☐ + Mass-Location(s):______________________________ ☐Percussion Within Normal Limits ☐Soft ☐No Tenderness ☐Scars Present ☐Hernias Present ☐Organomegaly ☐AUSCULTATION: Normal Bowel Sounds X 4Q ☐BS Hypoactive ☐BS Hyperactive ☐BS Absent ☐Rectal Exam Deferred ☐Rectal Exam Reveals: Peri-Rectal Area Normal to Inspection and Palpation ☐Stool Brown ☐Deep Palpation Normal ☐Ostomy present (please specify):________________________________ ☐Stool Guaiac: ☐Negative ☐Positive ☐Internal or External Hemorrhoid(s) Present ☐Sphincter Tone Poor Abnormal Exam Findings:
☐	GU	☐CVA Tenderness: Absent Bilaterally ☐Suprapubic Tenderness: Absent ☐Urostomy Present: ☐Yes ☐No Male: ☐Prostate Exam Deferred ☐Prostate Exam Normal ☐Prostate Enlargement ☐Tenderness ☐Nodules Female: ☐Pelvic Deferred ☐Pelvic Normal ☐Uterus Absent ☐Cervix Absent ☐Kidney Transplant Status:☐Right ☐Left ☐Dialysis Status: ☐Yes ☐No Abnormal Exam Findings:
☐	LYMPH	☐Palpation of Lymph nodes (note all that apply): ___Neck ___Axilla ___Groin ___Other Site ☐No Lymph Node Enlargement Noted ☐Lymphadenopathy Present: ☐Anterior Cervical ☐Posterior Cervical ☐Postauricular ☐Submental ☐Supraclavicular ☐Inguinal ☐Axillary Abnormal Exam Findings:

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PROGRESS NOTE

☐	MUSCULO-SKELETAL	☐No Joint Abnormality ☐Amputations (please specify):____ ☐Joint abnormality (please specify joint and abnormality): ☐Kyphosis+/- ☐Scoliosis +/- ☐Osteoarthritis ☐Bouchard's Nodes Present ☐Heberden's Nodes Present ☐Paronychia Present ☐Swelling Present (please specify): Peripheral Joint Exam Findings: Central Joint Exam Findings: Other Abnormal Exam Findings:
☐	SKIN	☐Skin Warm, Dry, Intact ☐Good Skin Turgor ☐No Rashes ☐Poor Skin Turgor ☐No Abnormal Lesions ☐No Ulcers ☐Cyanosis Present ☐Diaphoresis Present ☐Nails: ☐Foot Exam Reveals Callus Present ☐Scars ☐Ulcers Present -Type of Ulcer:____________ Location:____________ Stage (if pressure sore):____________ Abnormal Exam Findings:
☐	PSYCH	☐Mood and Affect:_____Normal _____Depressed _____Anxious _____Agitated Abnormal Exam Findings:
☐	NEURO	☐Orientation: Time___ Place___ Person___ Other______________ ☐Able to Follow Commands ☐Hearing: ☐Normal ☐Impaired ☐Total Loss ☐Sense of Smell: ☐Normal ☐Abnormal ☐Gait_____________ ☐Balance__________ ☐Gross Motor Skills__________ ☐Fine Motor Skills__________ ☐DTRs (Upper) RT__________ LT__________ ☐DTRs (Lower) RT__________ LT__________ ☐LOPS (Loss of Protective Sensation) ☐Normal Pinprick Sensation ☐Tremors ☐Coordination_________________ ☐Vibration: ☐RT +/- ☐LT +/- ☐Speech_____________________ ☐Monofilament Testing: ☐RT +/- ☐LT +/- ☐CN II-XII Abnormal Exam Findings:
☐	MISC	

LAB RESULTS (state specific findings and add diagnosis to assessment / plan)	
RADIOLOGY RESULTS (state specific findings and add diagnosis to assessment / plan)	

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PROGRESS NOTE

	DIAGNOSIS DESCRIPTION	STATUS OF DIAGNOSIS	PLAN OF CARE
Diagnosis #1:		☐Active ☐Stable ☐Declining ☐Acute ☐End Stage ☐Resolved	Plan of Care: Current Rx:
Diagnosis #2:		☐Active ☐Stable ☐Declining ☐Acute ☐End Stage ☐Resolved	Plan of Care: Current Rx:
Diagnosis #3:		☐Active ☐Stable ☐Declining ☐Acute ☐End Stage ☐Resolved	Plan of Care: Current Rx:
Diagnosis #4:		☐Active ☐Stable ☐Declining ☐Acute ☐End Stage ☐Resolved	Plan of Care: Current Rx:
Diagnosis #5:		☐Active ☐Stable ☐Declining ☐Acute ☐End Stage ☐Resolved	Plan of Care: Current Rx:
Diagnosis #6:		☐Active ☐Stable ☐Declining ☐Acute ☐End Stage ☐Resolved	Plan of Care: Current Rx:
Diagnosis #7:		☐Active ☐Stable ☐Declining ☐Acute ☐End Stage ☐Resolved	Plan of Care: Current Rx:
Diagnosis #8:		☐Active ☐Stable ☐Declining ☐Acute ☐End Stage ☐Resolved	Plan of Care: Current Rx:
Diagnosis #9:		☐Active ☐Stable ☐Declining ☐Acute ☐End Stage ☐Resolved	Plan of Care: Current Rx:
Diagnosis #10:		☐Active ☐Stable ☐Declining ☐Acute ☐End Stage ☐Resolved	Plan of Care: Current Rx:
Diagnosis #11:		☐Active ☐Stable ☐Declining ☐Acute ☐End Stage ☐Resolved	Plan of Care: Current Rx:
Diagnosis #12:		☐Active ☐Stable ☐Declining ☐Acute ☐End Stage ☐Resolved	Plan of Care: Current Rx:

Health Maintenance: ☐At Least 1 PCP visit in the last year ☐Breast Cancer Screening ☐Colorectal Cancer Screening ☐Cholesterol Screening for Members with Diabetes ☐Cholesterol Screening for Members with Heart Disease ☐Glaucoma Testing
☐Monitoring Of Members Taking Long-Term Medications: ☐ACE ☐ARB ☐Digoxin ☐Diurectics ☐Anticonvulsants

RTC: **Referrals:**

Other Orders if not specified in above plan of care:

Print Provider Name: **Group Name:**

Provider ID: **Tax ID Number:**

Provider Address: **City, State, Zip:**

Provider Signature: ___________________________________ **(check one) MD DO NP PA Other** Date: ___ /___ /___