VCU Health System
MCV Hospitals and Physicians
Richmond, Virginia 23298

Division of Child Neurology

Patient Identification (Patient Plate)

Teaching Physician Key Findings	Date: ☐ Admit Note ☐ Consult Note Time: ☐ Office Note
	CC: Handedness: ☐ Right ☐ Left **VS:** BP ____/_____ P____ Pain ☐ Yes ☐ No Location__________________________ RR ____ T ____ **HPI:**
pilot 04 -05	

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Teaching Physician Key Findings

Allergies: Drug Reaction Drug Reaction

☐ NKDA ☐ OTHERS: _____ _____

_____ _____

MEDS:

_____

_____

_____

_____

_____

PMH/PSH:

BH:

DH:

FH: Mother Father Siblings Other

SH:

Lives with Mother / Father / Both / Guardian; Parent (s) ☐ Married ☐ Divorced ☐ Single
Mother's Occupation: Father's Occupation:
Mother's Education: Father's Education:

School:

Daycare?

Review of Systems

+ 0	+ 0	+ 0
☐ ☐ Constitutional	☐ ☐ GI	☐ ☐ Psych
☐ ☐ Eyes	☐ ☐ GU	☐ ☐ Endocrine
☐ ☐ ENT, swallow	☐ ☐ Mus/Skel	☐ ☐ Heme/Lymph
☐ ☐ Cardiovascular	☐ ☐ Skin	☐ ☐ Allergic/Immuno
☐ ☐ Resp	☐ ☐ Neuro	

☐ Positive Findings:

☐ Complete ROS performed, all systems negative

Teaching Physician Key Findings

General Examination: ☐ Well Developed ☐ Cachectic ☐ Overweight ☐ Underweight
Vital Signs: BP P RR T O2% HC
Head: ☐ Normal ☐ Abnormal
Eyes: ☐ Normal ☐ Abnormal
Ears: ☐ Normal ☐ Abnormal
Nose/Throat: ☐ Normal ☐ Abnormal
Neck: ☐ Normal ☐ Abnormal ☐ LAD ☐ Thyromegaly ☐ Carotid Bruit ☐ R ☐ L
Lungs: ☐ Normal ☐ Abnormal ☐ Wheezes ☐ Rhonchi ☐ Rales
CVS: ☐ Normal ☐ Abnormal ☐ Murmurs ☐ Rubs ☐ Gallops
ABD: ☐ Normal ☐ Abnormal ☐ Bowel Sounds ☐ Tenderness ☐ Masses
EXT: ☐ Normal ☐ Abnormal ☐ Edema ☐ Cyanosis ☐ Clubbing ☐ Pulses
Skin: ☐ Normal ☐ Abnormal
Dysmorphism: Yes / No :
Other:

Neurological Exam
Mental Status
Orientation to: ☐ Oriented x 3 ☐Abnormal ☐ Time ☐ Place ☐ Person
Recent and Remote Memory: ☐ Normal ☐ Abnormal MMSE _____
Speech/Attention/Concentration: ☐ Normal ☐ Abnormal ☐ Dysarthria
Language(eg. naming objects, repeating phrases): ☐ Normal ☐ Abnormal ☐ Aphasia ☐ Fluent ☐ Nonfluent
Fund of Knowledge: ☐ Normal ☐ Abnormal
Comprehension: ☐ Normal ☐ Abnormal
Other:

Cranial Nerves: (✓ = examined and found to be normal)
☐ 2-12 Intact
☐ 2nd (gross vision, visual fields) Pupils: Size: R ____ L ____
☐ 3rd ☐ 4th ☐ 6th Shape: R ____ L ____
☐ 5th Light: R ____ L ____
☐ 7th
☐ 8th
☐ 9th Visual Fields: ☐ Normal R ____ L ____
☐ 10th ☐ Abnormal
☐ 11th
☐ 12th
Ophthalmic: Fundus ☐ Normal ☐ Abnormal ☐ R ☐ L
Other:

Motor (Scale of 0-5)

Muscle Strength	Upper Extremity								Lower Extremity				
	D	T	B	WE	WF	FE	G	I	HF	KE	KF	DF	PF
R													
L													

D=deltoid, T=triceps, B=biceps, WE=wrist extensors, WF=wrist flexors, FE=finger extensors, G=grip, I=intrinsics
HF=hip flexors, KE=knee extensors, KF=knee flexors, DF=dorsiflexion, PF=plantarflexion

Pronator Drift: ☐ Absent ☐ Present ☐ R ☐ L

Muscle tone: Upper: ☐ Normal ☐ Abnormal
Lower: ☐ Normal ☐ Abnormal

Teaching Physician Key Findings

Sensory (Light Touch, Pin prick, Temp, Vibratory, Proprioception) N=normal, ↓=decreased, ↑=increased, A=absent

LT	PP	Temp	Vib	Pro	R L	LT	PP	Temp	Vib	Pro
					Upper Extremity					
					Lower Extremity					
					Head					
					Thorax					
					Abdomen					

Other:

Deep Tendon Reflexes/Babinski: (scale of 0-4)

	Biceps	Triceps	Brachiorad	Patellar	Achilles	Toes
R						
L						

Coordination:

Finger-Nose: ☐ Normal ☐ Abnormal ☐ R ☐ L

Heel/Knee/Shin: ☐ Normal ☐ Abnormal ☐ R ☐ L

Rapid Alternating Movements: ☐ Normal ☐ Abnormal ☐ R ☐ L

Other:

Gait and Station:

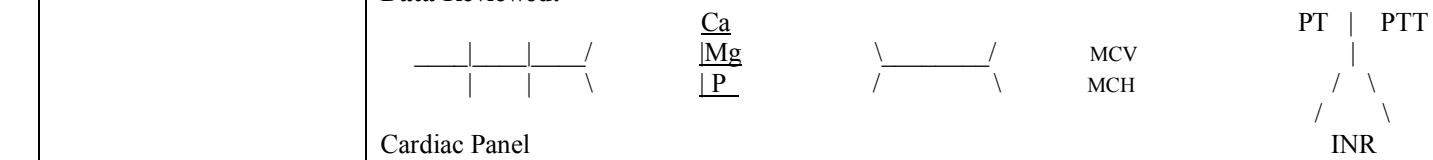
Examination of gait and station: ☐ Normal ☐ Abnormal

Tandem Gait: ☐ Normal ☐ Abnormal

Romberg: ☐ Normal ☐ Abnormal

Other:

Data Reviewed:



Cardiac Panel

CK CK-MB Trop I

INR

Others:

LFT: ALB TP AST ALT ALP

ABG: / / / / /

CXR:

EKG:

CT Scan:

EEG:

Others:

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Assessment/Plan (Problem List)	☐ PT consult ☐ OT consult ☐ Speech eval ☐ Swallow eval ☐ Rehab consult ☐ Head CT ☐ contrast ☐ no contrast ☐ MRI Brain ☐ MRI ____ Spine ☐ DWI ☐ Flair ☐ Gadolinium ☐ MRA ☐ Neck ☐ Circle of Willis ☐ CXR ☐ EEG ☐ EMG/Nerve Conduction Studies ☐ Stroke work-up ☐ TEE ☐ TTE ☐ Carotid Dopplers ☐ Monitor BP ☐ DVT Prophylaxis ☐ Lumbar Puncture ☐ Monitor blood sugar ☐ Seizure precautions Other:

Teaching Physician's Assessment/Plan

Resident Signature: _____ Beeper# _____Date: _____

☐ I have interviewed & examined the patient & confirmed/revised the history, examination, assessment & plan as noted in the margin. Please see resident's notes for details.

Teaching Physician Signature: _____ Date: _____