

New Patient Evaluation (1<sup>st</sup> visit)  
Department of Neurosurgery  
CHN SFGHMC

**NEUROSURGICAL CONSULTATION** Date/Time: \_\_\_\_\_

Referring Service: \_\_\_\_\_ Referring Attending: \_\_\_\_\_

Trauma Name: \_\_\_\_\_

Reason for Consultation: \_\_\_\_\_

**HISTORY** (Location, Quality, Severity, Duration, Timing, Modifying Factors, Assoc. Signs/Symptoms)

Large empty rectangular box with horizontal lines for writing the history.

**New Patient Evaluation (1<sup>st</sup> visit)  
Department of Neurosurgery  
CHN SFGHMC**

**• Review of Systems**

**② Constitutional**

- { Fatigue
- { Weight Change
- { Night sweats
- { Fever
- { Nausea/Vomiting
- { Dizziness/Lightheadedness
- { Tingling
- { Change in appetite
- { Excessive thirst
- { Headaches
- { Masses on head or neck
- { Cold limbs
- { Limb edema
- { **None of the above**
- { **Unable to respond**
- \*\*\*\*\*

**② Cardiovascular**

- { High blood pressure
- { Low blood pressure
- { Palpitations
- { Chest pain
- { Varicose veins
- { **None of the above**
- { **Unable to respond**
- \*\*\*\*\*

**② Respiratory**

- { Chronic cough
- { Shortness of breath
- { Wheezing
- { Hemoptysis
- { Asthma
- { **None of the above**
- { **Unable to respond**
- \*\*\*\*\*

**② Neurological**

- ) Dysarthria
- ) Ataxia
- ) Imbalance
- ) Incoordination
- ) Seizures
- ) Forgetfulness
- ) Confusion
- ) Limb numbness
- ) Limb weakness
- ) **None of the above**
- ) **Unable to respond**

**② Musculo-skeletal**

- ) Swollen joints
- ) Myalgias
- ) Muscular spasms
- ) Muscular atrophy
- ) Stiffness
- ) **None of the above**
- ) **Unable to respond**
- \*\*\*\*\*

**② Ophthalmological**

- ) Blurred vision
- ) Diplopia
- ) Dry eyes
- ) Floaters
- ) Flashes
- ) **None of the above**
- ) **Unable to respond**
- \*\*\*\*\*

**② Otorrhinolaryngological**

- ) Loss of teeth
- ) Cavities
- ) Dry mouth
- ) Ulcers in mouth
- ) Changes in sense of taste
- ) Changes in sense of smell
- ) Sinus problems
- ) Nosebleeds
- ) Hoarseness
- ) Changes in hearing
- ) **None of the above**
- ) **Unable to respond**
- \*\*\*\*\*

**② Endocrine**

- ) Heat intolerance
- ) Cold intolerance
- ) Discharge from nipples
- ) Amenorrhea
- ) **None of the above**
- ) **Unable to respond**
- \*\*\*\*\*

**② Hematologic/Lymphatic**

- ) Easy bruising
- ) Anemia
- ) Swollen glands
- ) **None of the above**
- ) **Unable to respond**

**② Gastro-intestinal**

- ) Dysphagia
- ) Dyspepsia
- ) Gastric ulcers
- ) Diarrhea
- ) Constipation
- ) Stool incontinence
- ) Abdominal cramps
- ) Abdominal Distension
- ) Flatus
- ) Abdominal masses or lumps
- ) Abdominal pain
- ) **None of the above**
- ) **Unable to respond**
- \*\*\*\*\*

**② Genito-urinary**

- ) Urinary incontinence
- ) Difficulty voiding
- ) Dysuria
- ) Polyuria
- ) Impotence
- ) Loss of sensation
- ) **None of the above**
- ) **Unable to respond**
- \*\*\*\*\*

**② Immunological**

- ) Allergies
- ) Chronic infections
- ) **None of the above**
- ) **Unable to respond**
- \*\*\*\*\*

**② Integumental**

- ) Dry skin
- ) Loss of hair
- ) Rashes
- ) **None of the above**
- ) **Unable to respond**
- \*\*\*\*\*

**② Psychological**

- ) Depression
- ) Anxiety
- ) Hallucinations
- ) Euphoria
- ) **None of the above**
- ) **Unable to respond**

**Medications ) Unknown**

| Name | Start Date | Dose/Frequency | Reason |
|------|------------|----------------|--------|
|      |            |                |        |
|      |            |                |        |
|      |            |                |        |
|      |            |                |        |
|      |            |                |        |
|      |            |                |        |
|      |            |                |        |
|      |            |                |        |

**Past Medical History ) Unknown**



**Outpatient Evaluation and Management (I)**  
**Department of Neurosurgery**  
**CHN SFGHMC**

**EXAMINATION**• **Constitutional**

• General appearance: \_\_\_\_\_

• **Vital signs:** Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Temp: \_\_\_\_\_ Resp: \_\_\_\_\_  
 • **Orthostatics:** BP: \_\_\_\_\_ / \_\_\_\_\_ Pulse: \_\_\_\_\_ Rhythm: \_\_\_\_\_ ) Standing/Sitting  
 BP: \_\_\_\_\_ / \_\_\_\_\_ Pulse: \_\_\_\_\_ Rhythm: \_\_\_\_\_ ) Supine

• **Mental Status**• **Level of Consciousness:** ) Awake ) Alert ) Somnolent ) Obtunded ) Comatose• **Orientation (Person/Place/Date/Event):** \_\_\_\_\_

) Untestable

• **Memory (Recent/Remote):** \_\_\_\_\_

) Untestable

• **Language (Fluency/Repetition/Comprehension/Naming):** \_\_\_\_\_

) Untestable

• **Fund of knowledge:** \_\_\_\_\_

) Untestable

• **Attention Span and Concentration:** \_\_\_\_\_

) Untestable

**GCS Total** E: \_\_\_ V: \_\_\_ M: \_\_\_ T: \_\_\_

| Best Eye Opening  | Best Verbal               | Best Motor UE                | RUE | LUE | Best Motor LE      | RLE | LLE |
|-------------------|---------------------------|------------------------------|-----|-----|--------------------|-----|-----|
| ) 1 – None        | ) 1 – None                | 1 – None                     | )   | )   | None               | )   | )   |
| ) 2 – To Pain     | ) 2 – Sounds              | 2 – Extension                | )   | )   | Extension          | )   | )   |
| ) 3 – To Voice    | ) 3 – Inappropriate Words | 3 – Flexion                  | )   | )   | Triple Flexion     | )   | )   |
| ) 4 – Spontaneous | ) 4 – Confused            | 4 – Withdrawal               | )   | )   | Withdrawal         | )   | )   |
|                   | ) 5 – Oriented            | 5 – Localization             | )   | )   | Spontaneous        | )   | )   |
|                   |                           | 6 – Following Commands       | )   | )   | Following Commands | )   | )   |
| E – Untestable    | V – Untestable            | M – Untestable               |     |     |                    |     |     |
| ) Injured/Swollen | ) Intubated               | ) Limb Injury/Immobilization | )   | )   |                    | )   | )   |
| ) Pharmacological | ) Oral/Facial Injury      | ) Spinal Cord Injury         | )   | )   |                    | )   | )   |
| ) Other:          | ) Aphasia/Dysarthria      | ) Pharmacological            | )   | )   |                    | )   | )   |
|                   | ) Pharmacological         | ) Other:                     | )   | )   |                    | )   | )   |
|                   | ) Other:                  |                              |     |     |                    |     |     |

• **Sensory** ) Patient comatose – not testable**Light Touch/Vibration:** \_\_\_\_\_**Pain/Temperature:** \_\_\_\_\_**Proprioception:** \_\_\_\_\_

**Outpatient Evaluation and Management (I)  
Department of Neurosurgery  
CHN SFGHMC**

• **Cranial Nerves** ) Patient comatose – only cranial nerve reflexes testable (see below)

- **II** \_\_\_\_\_
  - Funduscopy: \_\_\_\_\_
  - Visual Fields: \_\_\_\_\_
- **III/IV/VI:** \_\_\_\_\_
- **V**
  - V<sub>1</sub>: \_\_\_\_\_
  - V<sub>2</sub>: \_\_\_\_\_
  - V<sub>3</sub>: \_\_\_\_\_
- **VII:** \_\_\_\_\_
- **VIII:** \_\_\_\_\_
- **IX:** \_\_\_\_\_
- **X:** \_\_\_\_\_
- **XI:** \_\_\_\_\_
- **XII:** \_\_\_\_\_

• **Cranial Nerve Reflexes**

**II-III**

| R – Size (mm) | R – Shape    | R – Response | L – Size (mm) | L – Shape    | L – Response |
|---------------|--------------|--------------|---------------|--------------|--------------|
| From ③ To     | ) Round      | ) Fixed      | From ③ To     | ) Round      | ) Fixed      |
| ③             | ) Elliptical | ) Sluggish   | ③             | ) Elliptical | ) Sluggish   |
|               | ) Irregular  | ) Brisk      |               | ) Irregular  | ) Brisk      |
|               | ) Untestable | ) Untestable |               | ) Untestable | ) Untestable |

**V-VII**

| R Corneal    | L Corneal    |
|--------------|--------------|
| ) Present    | ) Present    |
| ) Absent     | ) Absent     |
| ) Untestable | ) Untestable |

**IX-X**

| Cough        | Gag          |
|--------------|--------------|
| ) Present    | ) Present    |
| ) Absent     | ) Absent     |
| ) Untestable | ) Untestable |

• **Motor** ) Patient comatose – not testable

| Upper Extr. | SS | D | B  | BR  | WE | WF | T | Grip | Int. | Comment |
|-------------|----|---|----|-----|----|----|---|------|------|---------|
| Right       |    |   |    |     |    |    |   |      |      |         |
| Left        |    |   |    |     |    |    |   |      |      |         |
| Lower Extr. | IP | Q | TA | EHL | G  | H  |   |      |      |         |
| Right       |    |   |    |     |    |    |   |      |      |         |
| Left        |    |   |    |     |    |    |   |      |      |         |

• **Cerebellar** ) Patient comatose – not testable

Gait: \_\_\_\_\_

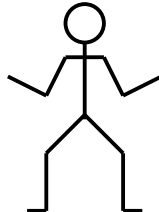
FTN/HTS/RAM: \_\_\_\_\_

Other: \_\_\_\_\_

**Outpatient Evaluation and Management (I)**  
**Department of Neurosurgery**  
**CHN SFGHMC**

• **Deep Tendon Reflexes**

- 4= clonus
- 3= increased
- 2= normal
- 1= diminished
- 0= absent



|                     | Hoffman's | Crossed Adductor | Jaw Jerk |
|---------------------|-----------|------------------|----------|
| R                   |           |                  |          |
| L                   |           |                  |          |
| <b>Muscle Tone:</b> |           |                  |          |
|                     |           |                  |          |
| <b>Rectal Tone:</b> |           |                  |          |
|                     |           |                  |          |

• **Musculoskeletal**

|                    | • Range of Motion | • Deformities | • Muscle Bulk/Tenderness | • Joint Stability |
|--------------------|-------------------|---------------|--------------------------|-------------------|
| •Head/Neck         |                   |               |                          |                   |
| •Spine/Ribs/Pelvis |                   |               |                          |                   |
| •RUE               |                   |               |                          |                   |
| •LEU               |                   |               |                          |                   |
| •RLE               |                   |               |                          |                   |
| •LLE               |                   |               |                          |                   |

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

• **Skin** (Scars, Rashes, Ulcers, Lesions, Café-au-lait Spots, Axillary Freckling)

- Head/Neck: \_\_\_\_\_
- Trunk: \_\_\_\_\_
- RUE: \_\_\_\_\_
- LUE: \_\_\_\_\_
- RLE: \_\_\_\_\_
- LLE: \_\_\_\_\_

• **Cardiovascular**

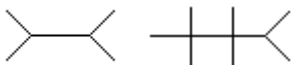
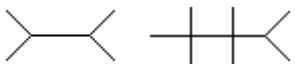
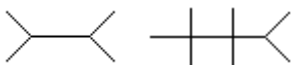
- Heart: \_\_\_\_\_  
 \_\_\_\_\_
- Carotids: \_\_\_\_\_  
 \_\_\_\_\_
- Peripheral: \_\_\_\_\_  
 \_\_\_\_\_

• **Lymphatic:** \_\_\_\_\_  
 \_\_\_\_\_

**Outpatient Evaluation and Management (I)  
Department of Neurosurgery  
CHN SFGHMC**

**MEDICAL DECISION MAKING**

- Source of History    ) Patient                    ) Records                    ) Prior Summary                    ) Other\_\_\_\_\_
- Diagnostic Tests Reviewed (\* report reviewed; # actual study reviewed; ! discussed with performing physician)

| Type  | Date | Findings  | *   | # | ! |
|---|------|---|---|---|---|
| ) X-Ray<br>) Skull ) C-Spine ) T-Spine ) LS-Spine                           |      |   |   |   |   |
|   |      |   |   |   |   |
|   |      |   |   |   |   |
| ) CT<br>) Head ) C-Spine ) T-Spine ) LS-Spine                               |      |   |   |   |   |
|   |      |   |   |   |   |
|   |      |   |   |   |   |
| ) MRI<br>) Head ) C-Spine ) T-Spine ) LS-Spine                              |      |   |   |   |   |
|   |      |   |   |   |   |
|   |      |   |   |   |   |
| ) MRA/MRV<br>) Intracranial ) Extracranial<br>) Carotid ) Vertebrobasilar   |      |   |   |   |   |
|   |      |   |   |   |   |
|   |      |   |   |   |   |
| ) Angiogram<br>) Intracranial ) Extracranial<br>) Carotid ) Vertebrobasilar |      |   |   |   |   |
|   |      |   |   |   |   |
|   |      |   |   |   |   |
| ) Myelogram<br>) C-Spine ) T-Spine ) LS-Spine                               |      |   |   |   |   |
|   |      |   |   |   |   |
|   |      |   |   |   |   |
| ) Nuclear Medicine Scan   |      |   |   |   |   |
|   |      |   |   |   |   |
|   |      |   |   |   |   |
| ) Carotid Doppler   |      |   |   |   |   |
|   |      |   |   |   |   |
|   |      |   |   |   |   |
| ) EMG/NCV/EEG<br>) Median ) Ulnar ) Cervical ) Lumbar                       |      |   |   |   |   |
|   |      |   |   |   |   |
|   |      |   |   |   |   |
| ) Other<br>) EEG ) ECG ) PFT ) Psyche                                       |      |   |   |   |   |
|   |      |   |   |   |   |
|   |      |   |   |   |   |
| Labs  |      |  | Sed Rate : _____<br>)PL )GH )TSH : _____<br>Other _____ : _____ |   |   |
|   |      |  | Sed Rate : _____<br>)PL )GH )TSH : _____<br>Other _____ : _____ |   |   |
|   |      |  | Sed Rate : _____<br>)PL )GH )TSH : _____<br>Other _____ : _____ |   |   |

**Outpatient Evaluation and Management (I)**  
**Department of Neurosurgery**  
**CHN SFGHMC**

• Assessment: \_\_\_\_\_

\_\_\_\_\_

• Options: \_\_\_\_\_

\_\_\_\_\_

• Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Resident Signature: \_\_\_\_\_ CHN# \_\_\_\_\_ Date: \_\_\_\_\_

• **Attending Summary:** I have personally reviewed the history and have examined the patient. The salient features of the history, examination and diagnostic tests are summarized below. Assessment, options, and recommendations have been reviewed with the resident. The final care plan is summarized below. Please see above for further details.

|                         |  |
|-------------------------|--|
| <b>History</b>          |  |
|                         |  |
|                         |  |
|                         |  |
|                         |  |
| <b>Exam</b>             |  |
|                         |  |
|                         |  |
|                         |  |
|                         |  |
| <b>Diagnostic Tests</b> |  |
|                         |  |
|                         |  |
|                         |  |
|                         |  |
| <b>Differential Dx</b>  |  |
|                         |  |
|                         |  |
|                         |  |
| <b>Plan</b>             |  |
|                         |  |
|                         |  |
|                         |  |
|                         |  |
|                         |  |

Attending Signature: \_\_\_\_\_ CHN# \_\_\_\_\_ Date: \_\_\_\_\_