In Patient History and Physical Checklist

Student Name ______________________________ Date: ________________________
Preceptor(s): _____________________________ Clinical Site ____________________

Indicate + (completed the task), +/- (partially completed the task) or - (did not complete the task) for each item listed below. Indicate N/A for not applicable.

Professionalism
_____ Introduces self/role and preceptor
_____ Verbal and non-verbal language demonstrates respect for patient/family
_____ Respects patient modesty in child/adolescent

Communication Skills
_____ Uses language that is understood by patient/parent
_____ Approach to patient is compatible with developmental level
_____ Includes patient in interview to whatever extent possible
_____ Uses open-ended questions to elicit information
_____ Gathers information in a logical sequence
_____ Clarifies responses that are unclear

History
_____ Elicits a chief complaint patient and parent concerns
_____ Gathers a thorough HPI
_____ Includes pertinent positives and negatives
_____ Includes pertinent information from past history, family history, social history and ROS that is relevant to HPI

Addresses all elements of the past history
_____ Birth history (prenatal complications, gestational age, type of delivery, birth weight, neonatal complications)
_____ Illnesses/Hospitalizations
_____ Operations
_____ Allergies (food and drugs)
_____ Immunizations
_____ Medications
_____ Diet
_____ Developmental Milestones/School Performance/HEADSS
_____ Primary Physician
_____ Addresses all pertinent elements of the Family History
_____ Addresses all pertinent elements of the Social Cultural/ Spirituality History
_____ Review of systems (complete)
In Patient History and Physical Checklist (page 2)

**Physical Examination**

- _____ Observes general appearance
- _____ HEENT
- _____ Nodes
- _____ Cardiac
- _____ Chest
- _____ Lungs
- _____ Abdomen
- _____ Genitourinary
- _____ Extremities
- _____ Back exam for scoliosis (where appropriate)
- _____ Neurologic
- _____ Skin (rashes, lesions)

**Evaluation:** Please rate the following components of the H&P

1= below expected level of competence 2=at expected level of competence 3=above expected level of competence

- _____ Professionalism
- _____ History
- _____ Communication
- _____ Physical Examination

Comments:

Student signature indicates formative feedback has been given:

____________________________        __________________________________
(student) (Faculty)

Please give this form to the student to return to your site director’s office