

Respiratory Exam

Date:

Patient's Name:

Birthday and Age:

Phone Number:

E-mail:

Examiner's Name:

Does the patient have any mentoring equipment around them? Are they currently undergoing treatment? Are there any other observed paraphernalia?

Yes

No

Please elaborate:

HANDS

Tick the box if the patient has any of the following:

- Cyanosis
- Cigarette/Tar Stains
- Finger Clubbing
- Tremor
- CO2 Retention Flap (Asterixis/Flapping Tremor)
- Palmar Erythema
- Others: _____

Notes:

RATES

Heart Rate:

- Normal**
- Abnormal**

Notes:

Respiratory Rate:

- Normal**
- Abnormal**

Notes:

Temperature:

- Normal**
- Abnormal**

Notes:

JVP:

- Normal**
- Abnormal**

Notes:

FACE, EYES, and MOUTH

Tick the box if the patient has any of the following:

- Pletora**
- Horner's Syndrome**
- Pallor**

- Central Cyanosis**
- Poor Dentition**
- Oral Candidiasis**
- Other:** _____

Notes:

CHEST and TRACHEA

Tick the box if the patient has any of the following:

- Scars (Location: _____)**
- Skin changes caused by radiotherapy**
- Chest Wall Deformities**
- Abnormal Breathing Pattern**
- Others:** _____

Notes:

- Tracheal Deviation**
- Abnormal Cricosternal Distance**

Notes:

- Displaced Apex Beat**
- Reduced Chest Expansion**
- Abnormal Percussion Note**
- Dull*
- Hyper resonance*
- Abnormal Tactile Vocal Fremitus**
- Increased*

Decreased

Abnormal Vocal Resonance

Increased

Decreased

Notes:

Breath Sound Quality Notes:

Breath Sound Volume Notes:

Are there any added sounds when the patient breathes?

Yes

No

If yes, what are they? _____

Does the patient have a thoracotomy scar?

Yes

No

Does the patient have any spinal deformities?

Yes

No

Additional Findings on the Chest:

LYMPH NODES

Notes:

OTHERS

Is there evidence of sacral and pedal edema?

- Yes
- No

Are there signs of deep vein thrombosis?

- Yes
- No

Is there evidence of erythema nodosum?

- Yes
- No

Notes:

SUMMARY OF FINDINGS:

Suggested Further Examinations:

- O2 Saturation
- Sputum Sample
- Peak Flow Assessment
- Arterial Blood Gas
- Chest X-ray
- Cardiovascular Examination
- Others: _____