

Throat Examination Report

Patient Information

Name:

Age:

Gender:

Date of Exam:

Patient ID:

Chief Complaints

Primary Complaint:

Duration:

Associated Symptoms:

History of Present Illness

Description:

Progression:

Aggravating Factors:

Alleviating Factors:

Past Medical History

Previous Illnesses:

Surgeries:

Allergies:

Medications:**Examination Details****Symptoms Checklist**

- Sore throat
- Difficulty swallowing
- Swollen glands in the neck
- Hoarseness
- Cough
- Fever
- Ear pain
- Nasal congestion
- Voice changes
- Other: _____

Physical Examination**Inspection:**

- Redness
- Swelling
- White patches
- Discharge
- Ulcers
- Other abnormalities: _____

Palpation:

- Tenderness
- Lymph node enlargement
- Masses
- Other findings: _____

Auscultation (if applicable):

- Stridor
- Wheezing
- Other abnormal sounds: _____

Additional Tests (if performed)

- Throat swab/culture
- Blood tests
- Imaging (e.g., X-ray, CT scan)
- Laryngoscopy
- Other: _____

Diagnosis

Preliminary Diagnosis:

Remarks:

Treatment Plan

Medications:

Therapies:

Follow-up Appointments:

Patient Instructions:

Practitioner Information

Practitioner Name:

Qualification:

Signature:

Date: