

## H&P Checklist for Shirley Naylor

Student/Resider

SP initials K.H.

| History and Physical Exam Checklist   | YES | NO |
|---|-----|----|
| 1. My menstrual period started two days ago, the same day as the headache.                      | ✓   |    |
| 2. I am also very tired and have some lightheadedness.  | ✓   |    |
| 3. I'm not feeling weak.  | ✓   |    |
| 4. I have no chest pain OR shortness of breath.   | ✓   |    |
| 5. I haven't lost any weight OR I haven't had any fevers.                                       | ✓   |    |
| 6. I have asthma and irritable bowel syndrome   | ✓   |    |
| 7. I had some depression about 5 months ago, but I'm feeling fine now.                          | ✓   |    |
| 8. I use an albuterol inhaler when I need it and Advil as needed.                               | ✓   |    |
| 9. I don't smoke cigarettes OR drink alcohol OR use any other drugs.                            | ✓   |    |
| 10. Anything about stress or social situation: happily married, two children, job I like, etc.  | ✓   |    |
| 11. Checked pupils for response (quickly) AND looked carefully in back of both eyes with light. |     | ✓  |
| 12. Had me cover each eye and say when I could see the wiggly finger.                           |     | ✓  |
| 13. Had me follow finger with my eyes.  |     | ✓  |
| 14. Pressed in the temple area on the left side of my forehead (not tender).                    | ✓   |    |
| 15. Bent my neck forward to touch chin to chest.  | ✓   |    |
| 16. Felt in the center of my neck for my thyroid gland.   | ✓   |    |
| 17. Listened to my heart in at least 3 places on skin.  | ✓   |    |
| 18. Listened to my lungs in four places (up & down, both sides) on back on skin.                | ✓   |    |
| 19. Checked my reflexes (knees/elbows) both sides.  | ✓   |    |
| 20. Checked strength in both arms.  | ✓   | ✓  |

**Patient Satisfaction Checklist for Shirley Naylor**

| <b>Patient Satisfaction Checklist</b>   | <b>YES</b> | <b>NO</b> |
|---|------------|-----------|
| 1. The student/resident's appearance and behavior were professional.  | ✓          |           |
| 2. The student/resident began by asking me an open-ended question about my complaint.   | ✓          |           |
| 3. The student/resident allowed me to complete my opening statement without interruption.   | ✓          |           |
| 4. The student/resident showed respect, care, and concern by words, tone, pace, eye contact, or posture.  | ✓          |           |
| 5. The student/resident used words that were easy for me to understand.   | ✓          |           |
| 6. The student/resident listened carefully to me.   | ✓          |           |
| 7. The student/resident used smooth and appropriate transitions.  | ✓          |           |
| 8. The student/resident washed his/her hands before the physical exam.  | ✓          |           |
| 9. The student/resident used appropriate draping during the physical exam.  | ✓          |           |
| 10. The student/resident explained or provided education about my illness/situation. (e.g. provided feedback from physical exam/tests, explained anatomy/diagnosis, etc.) | ✓          |           |
| 11. The student/resident and I discussed the action or treatment plan (without the student having to be prompted).  | ✓          |           |
| 12. The student/resident asked if I had any questions.  | ✓          |           |
| 13. I have confidence this student/resident will help me.   | ✓          |           |
| 14. I would be willing to return to this student/resident in the future for care.   | ✓          |           |

**SP Comments:**

Very good, good, nice, acceptable, good, nice