

H&P Checklist for Shirley Naylor

Student/Resident

SP initials

KH

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

Patient Satisfaction Checklist for Shirley Naylor

| Patient Satisfaction Checklist | YES | NO |
|---|------------|-----------|
| 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. | NA | |
| 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: