UPPER RESPIRATORY INFECTION EXAM

**PATIENT SECTION**

**Please answer the following questions. This will help your physician identify possible problems**.

Do you have a runny nose?  Yes  No

If "yes," describe the nature of drainage:

 clear  yellow/green  white  thick  bloody

Do you have any nasal congestion?  Yes  No

Do you have any sinus pain?  Yes  No

Do you have post nasal drip?  Yes  No

Are your eyes:  red?  watery?  itchy?

Do you have ear pain?  Yes  No

Do you have a fever?  Yes  No

Do you have nausea?  Yes  No

Have you vomited?  Yes  No

Do you have diarrhea?  Yes  No

Do you have a sore throat?  Yes  No

Are you achy?  Yes  No

Do you have any pain?  Yes  No

If "yes," rate your level of pain:

None 0 1 2 3 4 5 6 7 8 9 10 severe

Do you have any rashes?  Yes  No

Do you have a cough?  Yes  No

If "yes," describe your cough:  dry  productive

Nature of sputum, if any:

 clear  yellow/green  white  thick  bloody

Do you have asthma?  Yes  No

Do you use tobacco?  Yes  No

Other symptoms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you have any allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How long have you felt sick? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What medicines have you tried? (Include herbal or over the counter medicines.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Was there any improvement? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you need a work note?  Yes  No

Do you need other medicine refilled?  Yes  No

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**PROVIDER SECTION**

**Patient name:**

**Age:**

**Date:**

**CC:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HPI:**  Patient history reviewed

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**EXAM:**  Well-developed/well-nourished; no acute distress

  Vital signs: See flow sheet in chart

 Normal Abnormal

ears   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

eyes   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

nose   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

sinuses   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

pharynx   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

nodes   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

lungs   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

heart   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

abdomen   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ASSESSMENT** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Acute bronchitis 466.0  Otitis media, serous 381.10

 Allergic rhinitis 477.9  Pharyngitis 462

 Asthma 493.90  Pneumonia 486

 Conjunctivitis 372.00  Sinusitis, 461.9

 Flu 487.1  Strep 034.0

 Otitis externa 380.10  URI 465.9

 Otitis media 382.9

**PLAN:**

 Strep test:  (+), see antibiotics below

  (-), do culture and sensitivity

 Chest X-ray

Over-the-counter drugs:

 Claritin  Claritin D bid  Sudafed prn  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prescription drugs:

 Allegra: 60mg bid or 180mg/day

 Zyrtec: 10mg/day

 Phenergan VC with Codeine: 1-2 tsp q 4 hr

 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Antibiotics:

 Amoxil: 250mg, 500mg or 200/5mL bid or tid

 Augmentin: 250mg, 500mg or 875mg bid or tid

 Erythromycin: 250mg, 333mg or 500mg bid or tid

 Zithromax  Zithromax Tri-Pak  Tessalon Perles 100 mg qid  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Patient education?  Yes  No

Follow up:  prn or \_\_\_\_week(s) or \_\_\_\_month(s)

Off work or school from \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Physician/provider signature Date