

理學檢查自我檢測要點 Physical Examination checklist

Cardiovascular Examination

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| Appropriate draping. | |
| Assess rate of capillary refill in the fingernails | <input type="checkbox"/> Report in terms of seconds |
| Auscultation for carotid bruits | <input type="checkbox"/> Bilateral |
| Palpate the carotid pulses | <input type="checkbox"/> Character of the upstroke, pulse contour, and any palpable vibration (thrill) |
| Inspection of the jugular pulse. | <input type="checkbox"/> Appropriate positioning Noting the wave form and measure the greatest height in centimeters above the sternal angle (JVD) Test for abdominojugular reflux |
| Identify landmarks on the anterior chest | <input type="checkbox"/> Noting the expected locations of the heart chambers, valves, and great vessels, any deformities, scars or lesions |
| Inspect the chest for visible impulses | <input type="checkbox"/> Describing their location in terms of intercostal space and distance from the mid-sternal line. |
| Palpate the chest to locate | |
| the apical impulse | <input type="checkbox"/> Describing its size (centimeters in diameter) and location (intercostal space and distance from mid-sternal line in centimeters). Noting any double beat, or sustained pulse (heave) |
| any other impulses | <input type="checkbox"/> Investigating the suprasternal notch, left sternal border, right and left second intercostal spaces and epigastrium |
| Auscultation of the heart | <input type="checkbox"/> from the apex, across to the left sternal border, up to the left second interspace, across to the right second interspace, and in the left axilla , using both bell and diaphragm |
| Listen to the first heart sound | <input type="checkbox"/> in all auscultatory areas for splitting, variation with respiration, and intensity compared to S2 |

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| Listen to the second heart sound | <input type="checkbox"/> in all auscultatory areas for splitting, respiratory variation, and for the relative intensity of the aortic and pulmonic components |
| Listen for gallops (S3, S4) | <input type="checkbox"/> including with the patient rolled into the left lateral decubitus position. Noting the relative intensity with bell and diaphragm |
| Listen for other sounds | <input type="checkbox"/> clicks, snaps, rubs |
| Listen for murmurs, and characterize them by the 7 critical criteria | <input type="checkbox"/> loudness, timing in the cardiac cycle, variation in loudness, whether heard better with bell or the diaphragm, location on chest where heard best, radiation to neck or left axilla, and respiratory variation |

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Chest examinations

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| <p>Inspection</p> <p>General appearance /</p> <p>HEENT / Neck/ Extremities</p> | <p><input type="checkbox"/> Normal speech: no disrupted speech</p> <p><input type="checkbox"/> Normal Breathing movement: no thoraco-abdominal dissociation; Symmetric expansion</p> <p><input type="checkbox"/> Normal Breathing pattern : No tachypnea, no bradypnea, no hypopnea, no hyperpnea, no Cheyne-Stokes breathing, no ataxic breathing, no orthopnea, no pursed lip breathing</p> <p><input type="checkbox"/> Lip: no central cyanosis</p> <p><input type="checkbox"/> Nose: no nasal flaring</p> <p><input type="checkbox"/> No accessory muscle recruitment (neck : sternocleidomastoid and scalene muscle; abdomen : abdominal oblique muscle)</p> <p><input type="checkbox"/> Tracheal position: No deviation (lateral shift)</p> <p><input type="checkbox"/> Extremities: No clubbing fingers, No palm erythema, no edema, no cyanosis</p> |
| <p>Inspection</p> <p>Chest/Thorax / Breast</p> | <p><input type="checkbox"/> Chest wall : No deformities (Barrel chest , Funnel chest, Pigeon chest, scoliosis, kyphosis); No local tenderness; No subcutaneous emphysema; No local bulge of chest wall</p> <p><input type="checkbox"/> Breast : Symmetry, no edema, no skin retraction, no nipple retraction, no mass, no tenderness</p> |
| <p>Auscultation of the Chest</p> | <p><input type="checkbox"/> Breathing sound: all clear (tracheal sound, bronchial sound, bronchovesicular sound, vesicular sound) , no stridor, no crackles (coarse or fine, diffuse or localized, all respiratory phase or expiratory only), no wheezes</p> <p><input type="checkbox"/> Tactile fremitus (no egophony; E turn into A)</p> <p><input type="checkbox"/> No pleural rub</p> |
| <p>Percussion of the Chest</p> | <p><input type="checkbox"/> Normal resonance</p> <p>(no hyperresonance, no tympany, no dullness, no flatness)</p> |
| <p>Palpation of the Chest</p> | <p><input type="checkbox"/> Detecting masses/lymphadenopathy</p> <p><input type="checkbox"/> Muscular resistance and areas of tenderness</p> |

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Gastroenterological examinations

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| Inspection | <input type="checkbox"/> Scleral icterus <input type="checkbox"/> Conjunctiva color <input type="checkbox"/> Spider angioma <input type="checkbox"/> Palmar erythema <input type="checkbox"/> Gynectomastia <input type="checkbox"/> Surface characteristics (abdomen) Color, venous return, nodules/lesions, scars <input type="checkbox"/> Contour (abdomen) <input type="checkbox"/> Abdominal movement |
| Auscultation of the abdomen | <input type="checkbox"/> Bowel sounds: use diaphragm of a warm stethoscope <input type="checkbox"/> Vascular sounds: use bell of the stethoscope |
| Percussion of the abdomen | <input type="checkbox"/> Liver span <input type="checkbox"/> Spleen span <input type="checkbox"/> Shifting dullness (ascites) |
| Palpation of the abdomen | <input type="checkbox"/> Assessing liver and spleen <input type="checkbox"/> Detecting masses/lymphadenopathy <input type="checkbox"/> Muscular resistance and areas of tenderness |
| Hepatic encephalopathy | <input type="checkbox"/> Conscious disturbance <input type="checkbox"/> Flapping tremor (asterixis) <input type="checkbox"/> Constructional apraxia <input type="checkbox"/> Writing difficulty <input type="checkbox"/> Serial seven subtraction test <input type="checkbox"/> Reitan number connection test |
| Abdominal sign | <input type="checkbox"/> Blumberg <input type="checkbox"/> Cullen <input type="checkbox"/> Grey Turner <input type="checkbox"/> McBurney <input type="checkbox"/> Murphy <input type="checkbox"/> Obturator <input type="checkbox"/> Psoas <input type="checkbox"/> Rovsing |
| Digital examination | |

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Nephrology examination

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| HEENT | <input type="checkbox"/> Eye: look for pale conjunctiva <input type="checkbox"/> Neck: observe for jugular vein engorgement |
| Chest | <input type="checkbox"/> Observe for breathing pattern <input type="checkbox"/> Auscultation for abnormal breathing sound (crackles, wheeze) |
| Heart | <input type="checkbox"/> Palpation for heave <input type="checkbox"/> Percussion for cardiomegaly <input type="checkbox"/> Listen for S1,S2 and gallops (S3, S4) |
| Inspect the abdomen | <input type="checkbox"/> note the usual locations of the following organs <input type="checkbox"/> <u>right upper quadrant</u> right kidney <input type="checkbox"/> <u>left upper quadrant</u> left kidney <input type="checkbox"/> <u>midline</u> bladder |
| Examine the skin | <input type="checkbox"/> Evidence of scars, skin turgor and skin lesions (herpes zoster) |
| Observe the abdominal contour | <input type="checkbox"/> Looking for evidence of distention, asymmetry, masses |
| Auscultation of the abdomen | <input type="checkbox"/> Listen for bowel sounds, and <input type="checkbox"/> Bruits (epigastric, costovertebral (CV) angles, periumbilical and inguinal) |
| Percussion of the abdomen/back | <input type="checkbox"/> CV angle tenderness. <input type="checkbox"/> A gentle tap is usually plenty to elicit an inflamed kidney. The CV angle is usually examined at the same time as the chest, with the patient is seated. |
| Palpation of the abdomen | <input type="checkbox"/> superficial masses <input type="checkbox"/> the bladder <input type="checkbox"/> the right/left kidneys |
| Assessing for lower leg pitting edema | <input type="checkbox"/> Grade 1-4 (2mm-8mm) |
| Record the results of your examination | |

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Hema-oncology examination

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|---|---|
| <input type="checkbox"/> HEENT | <input type="checkbox"/> Eye: Pale conjunctiva <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Icteric sclera <input type="checkbox"/> Oral cavity: Glossitis <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Candidiasis <input checked="" type="checkbox"/> Gum hypertrophy |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Sternal tenderness |
| <input type="checkbox"/> Lymph node <input type="checkbox"/> Palpation of peripheral lymphadenopathy | <input type="checkbox"/> Location: <input type="checkbox"/> Neck, infra-clavicular, axillary, pre-trochlear, inguinal, femoral and popliteal area <input type="checkbox"/> Describe the location, size, number, consistency, movability and tender of the palpable lymph nodes |
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Liver: Hepatomegaly <input type="checkbox"/> Spleen: splenomegaly |
| <input type="checkbox"/> Examine the skin | <input type="checkbox"/> Bleeding signs <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Petechiae <input checked="" type="checkbox"/> Ecchymosis <input checked="" type="checkbox"/> Purpura <input checked="" type="checkbox"/> Hematoma <input type="checkbox"/> Nutrition deficiency anemia <input type="checkbox"/> Nail: irregularity of nail border (fragile) Concave of nail bed (Spoon nail) <input type="checkbox"/> Hair color (nature color discoloration) |
| <input type="checkbox"/> Abnormal visible tumor | <input type="checkbox"/> Describe the location, size, consistency, movability, tender and appearance (ex. necrosis, touching bleeding, discharge ...et al.) |
| <input type="checkbox"/> Record the results of your examination | |

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Rheumatology examinations

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| General Inspection | <input type="checkbox"/> Identification of arthritis and distinction of tendinitis/fasciitis <input type="checkbox"/> Rheumatoid nodule <input type="checkbox"/> Assessment of joint range of motion and muscle power <input type="checkbox"/> Assessment for tender and swollen joint counts for rheumatoid arthritis (DAS28) |
| Hand | <input type="checkbox"/> Allen's Test <input type="checkbox"/> Vascular sounds: use bell of the stethoscope <input type="checkbox"/> Finkelstein's test <input type="checkbox"/> Carpal lift sign <input type="checkbox"/> Herberdan's and Bouchard's nodes <input type="checkbox"/> Hand squeeze test |
| Shoulder | <input type="checkbox"/> Impingement sign <input type="checkbox"/> Mazion's maneuver <input type="checkbox"/> Dugas' test |
| Elbow | <input type="checkbox"/> Olecrenon bursitis |
| Knee | <input type="checkbox"/> Varus and valgus tests <input type="checkbox"/> Anterior and posterior drawer sign |
| Back | <input type="checkbox"/> Schober's test <input type="checkbox"/> Spine lordosis assessment |
| Foot | <input type="checkbox"/> Tophus deposition <input type="checkbox"/> Sausage toe/finger |
| Skin | <input type="checkbox"/> Malar rash <input type="checkbox"/> Discoid rash <input type="checkbox"/> Heliotrope sign <input type="checkbox"/> Gottron sign <input type="checkbox"/> Skin vaculitis <input type="checkbox"/> Psoriasis <input type="checkbox"/> Keratoderma blenorrhagica <input type="checkbox"/> Scleroderma |

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Metabolism/Endocrinology examination

DM foot examination

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|---|---|
| Sensory peripheral neuropathy 周邊感覺神經系統評估 | <input type="checkbox"/> Vibration abnormality <input type="checkbox"/> Monofilament test abnormality |
| Motor peripheral neuropathy/ structural abnormalities 運動神經病變/結構異常 | <input type="checkbox"/> Hammer toes <input type="checkbox"/> Claw toes/Prominent metatarsal heads <input type="checkbox"/> Hallux valgus <input type="checkbox"/> Charcot foot |
| Autonomic neuropathy 自主神經病變 | <input type="checkbox"/> Skin dry/scaly/stiff/fissures <input type="checkbox"/> Onychomycosis |
| Peripheral Arterial Ischemia/ Circulation Assessment 周邊動脈組織缺血/血管評估 | <input type="checkbox"/> Lower extremity pulsation evaluation: dorsalis pedis/ medial malleus/ posterior tibialis/femoral <input type="checkbox"/> Cyanotic change <input type="checkbox"/> Gangrene (dry/wet) |
| Infection assessment 感染評估 | <input type="checkbox"/> Erythematous change <input type="checkbox"/> Local heat <input type="checkbox"/> Local swelling <input type="checkbox"/> Tenderness <input type="checkbox"/> Pus/abscess formation <input type="checkbox"/> Cripitus <input type="checkbox"/> Bullae/Bilster formation |

| Diabetic Foot Classification (Wagner system) | |
|---|------------------------------------|
| Grade | 特 徵 |
| 0 | 屬於高危險足部（有結構異常或蜂窩性組織炎），無潰瘍 |
| 1 | 表淺的潰瘍，涵蓋了部分或整層皮膚 |
| 2 | 潰瘍侵犯到韌帶、肌腱、關節腔或深部筋膜，但沒有膿瘍或骨髓炎的發生 |
| 3 | 深層的潰瘍，合併膿瘍、骨髓炎或關節敗血症（joint sepsis） |
| 4 | 局部的壞疽，包含了部分的腳尖或腳跟 |
| 5 | 延深的壞疽，包含了整個腳 |

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Cushing's syndrome/ Cushing's disease

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| Cushing appearance | <ul style="list-style-type: none"><input type="checkbox"/> Loss of scalp hair<input type="checkbox"/> Moon face<input type="checkbox"/> Plethoric face<input type="checkbox"/> Facial hirsutism/pigmentation/acne<input type="checkbox"/> Buffalo hump<input type="checkbox"/> Central obesity, thinning of limbs<input type="checkbox"/> Abdominal/thigh purple striae<input type="checkbox"/> paper-thin skin<input type="checkbox"/> Proximal muscle wasting and weakness<input type="checkbox"/> skin ecchymosis or ulceration<input type="checkbox"/> Edema<input type="checkbox"/> Hypertension<input type="checkbox"/> Evidence of (rheumatoid) arthritis treated with steroids<input type="checkbox"/> Personality change (Depression or psychosis)<input type="checkbox"/> Polyuria, polydipsia <p>Other informations from History:</p> <ul style="list-style-type: none"><input type="checkbox"/> Amenorrhea<input type="checkbox"/> Medication (include herb/電台藥) usage<input type="checkbox"/> Increased body weight |
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Thyroid Physical examination

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| Inspection | <input type="checkbox"/> Always offer the patient a glass of water. You should inspect while the patient is at rest as well as when they take a drink of water. The <u>thyroid gland should move with swallowing</u> . <input type="checkbox"/> You should first make out the classic <u>landmarks</u> : thyroid cartilage, cricoid ring and the two heads of the sternocleidomastoid. <input type="checkbox"/> The thyroid isthmus should lie right on top of the cricoid ring or just beneath it. When you inspect, you are <u>observing the overall size</u> of the thyroid and whether there is any <u>asymmetry or masses</u> . |
| Palpation | <input type="checkbox"/> You should palpate each lobe at rest as well as when the patient swallows. You are palpating for the overall size of the thyroid, the texture, tenderness , for nodularity and nodular size. |
| Chart Record checklist about thyroid and neck | <input type="checkbox"/> Goiter size <input type="checkbox"/> Goiter texture: elastic/soft/firm/stony hard <input type="checkbox"/> Nodule: Y/N Number: multiple or n (→make a sketch) Consistency: elastic/soft/firm/stony hard <input type="checkbox"/> Tenderness: Y/N <input type="checkbox"/> Above cover skin: normal/erythematous/petechia/ecchymosis/wound <input type="checkbox"/> Neck Lymphadenopathy: N/Y→number, level, fixed/movable, size, tenderness |
| Thyroid disease associated other physical examination | <input type="checkbox"/> Vital sign check pulse (tachycardia? Sweating?) <input type="checkbox"/> Body Height <input type="checkbox"/> Body Weight <input type="checkbox"/> General appearance: anxious/slow response <input type="checkbox"/> Eye: Stare: Y/N <input type="checkbox"/> Lid Lag: Y/N <input type="checkbox"/> Exophthalmos(proptosis): Y/N <input type="checkbox"/> Extremity: Hand fine tremor: Y/N <input type="checkbox"/> Onycholysis: Y/N <input type="checkbox"/> Clubbing finger: Y/N <input type="checkbox"/> Pretibial Myxedema: Y/N <input type="checkbox"/> Generalized Skin: moist/hot/cold |

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Acromegaly examination

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| Local tumor effects | <input type="checkbox"/> Visual-field defects <input type="checkbox"/> Cranial-nerve palsy, ocular palsy <input type="checkbox"/> Headache |
| Somatic systems | <input type="checkbox"/> Acral enlargement : such as Large nose, large tongue, large(broad) hands, large(broad) feet <input type="checkbox"/> Prominent supraorbital ridges, thick skin <input type="checkbox"/> Gigantism <input type="checkbox"/> Prominent supraorbital ridges <input type="checkbox"/> Jaw prognathism or jaw malocclusion/separation of teeth <input type="checkbox"/> Arthralgias and arthritis <input type="checkbox"/> Carpal tunnel syndrome <input type="checkbox"/> Acroparesthesia <input type="checkbox"/> Proximal myopathy <input type="checkbox"/> Hypertrophy of frontal bones |
| Skin and gastrointestinal system | <input type="checkbox"/> Hyperhidrosis <input type="checkbox"/> Oily texture <input type="checkbox"/> Skin tags <input type="checkbox"/> Colon polyps |
| Cardiovascular system | <input type="checkbox"/> Hypertension <input type="checkbox"/> Congestive heart failure <input type="checkbox"/> Valvular heart disease <input type="checkbox"/> Arrhythmia |
| Visceromegaly | <input type="checkbox"/> Tongue <input type="checkbox"/> Thyroid gland <input type="checkbox"/> Liver <input type="checkbox"/> Spleen <input type="checkbox"/> Kidney <input type="checkbox"/> Prostate |
| Endocrine and metabolic systems | <input type="checkbox"/> Menstrual abnormalities <input type="checkbox"/> Galactorrhea <input type="checkbox"/> Decreased libido or impotence <input type="checkbox"/> Impaired glucose tolerance/Hyperinsulinemia/Diabetes mellitus |

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Checklist of neurologic examination

| Maneuver | What is tested | Record of performance |
|---|-------------------------------|--|
| Visual acuity: Snellen eye chart, Counting fingers, Hand movement, Finger movement, Light sense | CN II | <input type="checkbox"/> Right <input type="checkbox"/> Left |
| Fundus | CN II | <input type="checkbox"/> Right <input type="checkbox"/> Left |
| Visual field by confrontation | CN II | <input type="checkbox"/> Right <input type="checkbox"/> Left |
| Light reflex | CNs II & III | <input type="checkbox"/> Right <input type="checkbox"/> Left |
| Eye of movement & convergence | CNs III, IV & VI | <input type="checkbox"/> Both eyes <input type="checkbox"/> 6 directions |
| Corneal reflex | CNs V & VII | <input type="checkbox"/> Right <input type="checkbox"/> Left |
| Close eyes | CN VII | <input type="checkbox"/> Yes |
| Show teeth, smile & whistle | CN VII | <input type="checkbox"/> Yes |
| Weber, Rinne, rubbing finger, whisper, watch | CN VIII | <input type="checkbox"/> Right <input type="checkbox"/> Left |
| Nystamus | CN VIII | <input type="checkbox"/> 5 directions |
| Open mouth, say “ah”, watch palate | CNs IX & X | <input type="checkbox"/> Yes |
| Gag reflex | CNs IX & X | <input type="checkbox"/> Right <input type="checkbox"/> Left |
| Shrug shoulders, turn head | CN XI | <input type="checkbox"/> Right <input type="checkbox"/> Left |
| Stick out tongue | CN XII | <input type="checkbox"/> Yes |
| Arms out with eyes closed (drift) | Corticospinal tracts | <input type="checkbox"/> Yes |
| Finger-nose-finger, eyes closed | Cerebellum, proprioception | <input type="checkbox"/> Right <input type="checkbox"/> Left |
| Finger-nose-finger, eyes open | Cerebellum | <input type="checkbox"/> Right <input type="checkbox"/> Left |
| Spread fingers against resistance | Corticospinal tracts | <input type="checkbox"/> Right <input type="checkbox"/> Left |
| Snap fingers, rapid tapping movements | Corticospinal tracts | <input type="checkbox"/> Right <input type="checkbox"/> Left |
| Deep tendon reflexes, 4 limbs, jaw jerk | Corticospinal tracts | <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Jaw <input type="checkbox"/> Biceps <input type="checkbox"/> Brachioradialis <input type="checkbox"/> Triceps <input type="checkbox"/> Knee <input type="checkbox"/> Ankle |
| Hoffman reflex | Corticospinal tracts | <input type="checkbox"/> Right <input type="checkbox"/> Left |
| Babinski’s sign | Corticospinal tracts | <input type="checkbox"/> Right <input type="checkbox"/> Left |
| Heel-knee-shin | Cerebellar system | <input type="checkbox"/> Right <input type="checkbox"/> Left |
| Cotton touch: face, hands, feet | Spinothalamic tracts | <input type="checkbox"/> Right <input type="checkbox"/> Left |
| Pinprick sensation: face, hands, feet | Spinothalamic tracts | <input type="checkbox"/> Right <input type="checkbox"/> Left |
| Vibration sense, 128 Hz tuning fork: face, hands, feet | Posterior columns | <input type="checkbox"/> Right <input type="checkbox"/> Left |

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|---|----------------------------------|--|
| Joint position, hands and feet | Posterior columns | <input type="checkbox"/> Right <input type="checkbox"/> Left |
| Station and posture | Multiple systems | <input type="checkbox"/> Yes |
| Walk, turn, armswing | Multiple systems | <input type="checkbox"/> Yes |
| Tandem gait (heel-to-toe) | Cerebellar system | <input type="checkbox"/> Yes |
| Deep knee bend (Squatting) | Proximal motor strength | <input type="checkbox"/> Yes |
| Walk on heels | Distal motor strength | <input type="checkbox"/> Yes |
| Walk on toes | Distal motor strength | <input type="checkbox"/> Yes |
| Hop on each foot | Corticospinal tracts | <input type="checkbox"/> Yes |
| Balance on each foot | Multiple systems | <input type="checkbox"/> Right <input type="checkbox"/> Left |
| Tap toes with heel fixed on floor | Corticospinal tracts | <input type="checkbox"/> Right <input type="checkbox"/> Left |
| Tap heels with ankles dorsiflexed | Cerebellar system | <input type="checkbox"/> Right <input type="checkbox"/> Left |
| Romberg maneuver | Posterior columns | <input type="checkbox"/> Yes |
| Check muscle tone, hands and feet | Motor system | <input type="checkbox"/> Right <input type="checkbox"/> Left |
| Patient protection while patient away from the chair or bed | Preventing falling down, quality | <input type="checkbox"/> Yes |
| Record of neurological findings | Written training of record | <input type="checkbox"/> Complete |

CN = Cranial nerve.

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Dermatology examinations

| | |
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| <p>Skin Inspection</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Color <ul style="list-style-type: none"> ■ Erythema, purpura, pigmentation, depigmentation, jaundice, carotenemia <input type="checkbox"/> Moisture <ul style="list-style-type: none"> ■ Dryness, sweating, oiliness <input type="checkbox"/> Texture <ul style="list-style-type: none"> ■ Roughness, smoothness <input type="checkbox"/> Lesion <ul style="list-style-type: none"> ■ Type <ul style="list-style-type: none"> ● Primary lesions <ul style="list-style-type: none"> ✓ Macule, patch, papule, nodule, cyst, plaque, wheal, blister (vesicle, bulla), pustule, purpura (petechia, ecchymosis), telangiectasia ● Secondary lesion <ul style="list-style-type: none"> ✓ Erosion, ulcer, excoriation, scar, desquamation/ scaling, fissure, curst, lichenification ● Special lesion <ul style="list-style-type: none"> ✓ Comedo, milium, burrow ■ Shape/Arrangement of lesions <ul style="list-style-type: none"> ● Annular, arcuate, circinate, confluent, discoid, grouped, linear, reticulated, serpiginous, zosteriform <input type="checkbox"/> Distribution over the body <ul style="list-style-type: none"> ● Extent <ul style="list-style-type: none"> ✓ Localized, generalized, universal, disseminated, dermatomal, sun-exposed, sun-protected ● Location <input type="checkbox"/> Size |
| <p>Skin Palpitation</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Consistency <ul style="list-style-type: none"> ■ Soft, elastic, hard, firm, infiltrated, mobile, tender <input type="checkbox"/> Temperature <ul style="list-style-type: none"> ■ Warm, cold |
| <p>Hair</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Quantity <ul style="list-style-type: none"> ■ Alopecia <ul style="list-style-type: none"> ● Localized, diffuse ● Scarring, non-scarring ■ Hirsutism <input type="checkbox"/> Distribution <ul style="list-style-type: none"> ■ Localized, diffuse, patchy, universal |

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| | |
|------|---|
| | <input type="checkbox"/> Texture <input checked="" type="checkbox"/> Coarse, fine |
| Nail | <input type="checkbox"/> Paronychia, clubbing, onycholysis, leukonychia, pitting, oily spot, splinter hemorrhage, subungual hyperkeratosis <input type="checkbox"/> Transverse white band (Mee's line) <input type="checkbox"/> Transverse linear depression (Beau's line) |

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Eye Examination

| | |
|----------------------------------|---|
| Vision | <input type="checkbox"/> Distance visual acuity(Landolt C Chart) <input type="checkbox"/> Near visual acuity (Rosenbaum pocket vision screener) <input type="checkbox"/> Color vision |
| Intraocular pressure | <input type="checkbox"/> Air puft Tonometer <input type="checkbox"/> Tonopen |
| Eye position and ocular motility | <input type="checkbox"/> Light reflex to check Esotropia, Exotropia <input type="checkbox"/> Elevation, depression, abduction/ adduction |
| External eye | <input type="checkbox"/> Look for ptosis, lagophthalmos retraction of eyelids <input type="checkbox"/> Palpation for eyelid mass <input type="checkbox"/> Enophthalmos or Exophthalmos |
| Pupil function | <input type="checkbox"/> Direct light reflex <input type="checkbox"/> Indirect light reflex <input type="checkbox"/> Pupil size (mm) <input type="checkbox"/> Shape of pupil round, irregular, posterior synechiae |
| Slit lamp | <input type="checkbox"/> Cornea- epithelial defect/foreign body/scar <input type="checkbox"/> Anterior chamber- Depth/hyphema/hypopyon |
| Direct Fundoscopy | <input type="checkbox"/> Optic disc- cupping, margin <input type="checkbox"/> Macula-normal hemorrhages, exudates <input type="checkbox"/> Retinal vessels ■ caliber ■ occlusions |
| Visual field | <input type="checkbox"/> Confrontation test |

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Urological Examination

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|---|--|
| Inspection General appearance /HEENT | <input type="checkbox"/> Signs of distress <input type="checkbox"/> Mood |
| Examination of the abdomen Kidney Bladder Groin | <input type="checkbox"/> Scars/ Hernia / Mass? <input type="checkbox"/> Bimanual palpation/ abdominal pain/ tender flanks ? <input type="checkbox"/> Distended urinary bladder ? <input type="checkbox"/> Inguinal lymphadenopathy? |
| Examination of the penis Prepuce Glans Penile shaft | <input type="checkbox"/> Retraction of the prepuce? phimosis/ paraphimosis? <input type="checkbox"/> Frenulum breve? <input type="checkbox"/> Hypospadias? <input type="checkbox"/> Genital ulcers? hygiene? tumor? <input type="checkbox"/> Induration or angulation of the penile shaft ? |
| Examination of the testes and scrotum Testes Inguinal canal Spermatic cord Scrotal skin | <input type="checkbox"/> Testicular size/ position? Palpable mass or enlargement? <input type="checkbox"/> Palpable vas deferens? <input type="checkbox"/> Varicocele in supine or upright position? <input type="checkbox"/> Edema/ redness /wound/ necrosis? |
| Digital Rectal Examination (DRE) Anus Rectum Prostate | <input type="checkbox"/> Hemorrhoids? Scaring? Anal fissure? Sphincter tone? <input type="checkbox"/> Rectal tumor? Blood on the glove? <input type="checkbox"/> Prostate size? Consistency? Indurated nodules? Tenderness? Fluctuations? |
| Pelvic Examination Urethra Vulva Vagina | <input type="checkbox"/> Position of the meatus <input type="checkbox"/> Indurations? Tumor? <input type="checkbox"/> Cystocele or rectocele ? <input type="checkbox"/> Urine leak under Valsalva? <input type="checkbox"/> Pattern of body hair? |
| Examination of Extremities | <input type="checkbox"/> Skin turgor /lower leg pitting edema? bilateral or unilateral? |

教師核簽：_____ 日期：_____年____月____日

Gynecology Examination

| | |
|--|---|
| <p>Inspect the vulva and perineum</p> | <p>Looking for evidence of lesions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Vulva: Condyloma, Bartholin's cyst,... <input type="checkbox"/> Urethra orifice: Caruncle, Urethral prolapse,... <input type="checkbox"/> Perineum <input type="checkbox"/> Anus: Hemorrhoid,... |
| <p>Examine the external genitalia (Vaginal speculum examination)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Looking for evidence of lesions <input type="checkbox"/> Vagina: Condyloma, Cystocele, Rectocele, Leukorrhea,... <input type="checkbox"/> Cervix: Polyps, Nabothin cyst, Erosion, Uterine prolapse,... |
| <p>Examine the internal genitalia (Bimanual examination)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Palpation for evidence of lesions <input type="checkbox"/> Uterus: myomas or masses,... <input type="checkbox"/> Bilateral adnexa: ovarian tumor,... <input type="checkbox"/> Cul-de sac: nodularity,... <input type="checkbox"/> Lifting the cervix for evidence of pelvic inflammatory disease |

教師核簽：_____ 日期：_____年_____月_____日

Otolaryngology-Head and Neck Examination

| | |
|--|---|
| <p>Examination of the ear</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Check the gross appearance of the auricle and surrounding soft tissue <input type="checkbox"/> The use of otoscopy, describe the external auditory canal condition, the appearance of tympanic membrane <input type="checkbox"/> Look for the cone-like light reflex from the tip of the malleus to the periphery <input type="checkbox"/> Note if there is a central or peripheral perforation |
| <p>Examination of the nose</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Check the gross appearance of the nose <input type="checkbox"/> use anterior rhinoscopy, describe the appearance of nasal septum, inferior turbinates <input type="checkbox"/> use the mirror to check the nasopharynx |
| <p>Examination of the paranasal sinuses</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Do local treatment for mucosal shrinkage <input type="checkbox"/> Examination of the middle meatus <input type="checkbox"/> Palpation of the sinuses |
| <p>Examination of the oropharynx and oral cavity</p> | <p>Lips</p> <ul style="list-style-type: none"> <input type="checkbox"/> inspected for any lesion, distortion or asymmetry of movement. <input type="checkbox"/> palpation between thumb and forefinger in order to detect any submucosal masses <p>Buccal mucosa</p> <ul style="list-style-type: none"> <input type="checkbox"/> examined first on one side, then the other <input type="checkbox"/> retromolar and buccogingival region should be included <p>Teeth and gingiva</p> <ul style="list-style-type: none"> <input type="checkbox"/> inspection and palpation. Perform a systematic examination of the dentition and supporting structures. <p>Floor of the mouth</p> <ul style="list-style-type: none"> <input type="checkbox"/> elevate the tongue then inspection <input type="checkbox"/> Bimanual palpation of the floor of the mouth will allow the submandibular glands to be felt in their entirety. |

| | |
|--|--|
| | <p>Tongue</p> <ul style="list-style-type: none"> <input type="checkbox"/> The tongue should be assessed both in its natural position in the mouth and during protrusion <input type="checkbox"/> inspect and palpate the ventral surface and base of the tongue <p>Hard and Soft Palate</p> <ul style="list-style-type: none"> <input type="checkbox"/> Soft palate can be inspected after depressing the tongue with a tongue blade <p>Oropharynx</p> <ul style="list-style-type: none"> <input type="checkbox"/> The whole oropharynx can usually be adequately visualized if the tongue is depressed <input type="checkbox"/> assess bilateral tonsils <input type="checkbox"/> evaluate the posterior pharyngeal wall |
| Examination of the larynx | <ul style="list-style-type: none"> <input type="checkbox"/> after traction the patient's tongue, use mirror to observe the hypopharynx and larynx <input type="checkbox"/> Note the movement of bilateral vocal cords <input type="checkbox"/> Observation if there is nodule, polyp, or cyst over vocal cord. |
| Examination of the neck | <ul style="list-style-type: none"> <input type="checkbox"/> Inspection <input type="checkbox"/> Palpation: A systematic approach is necessary in order to avoid missing any pathologic findings (from level I to level VI) <input type="checkbox"/> The site, size, number, and consistency of the neck mass should be noted and recorded. |
| Examination of the major salivary glands | <ul style="list-style-type: none"> <input type="checkbox"/> bimanual palpation <input type="checkbox"/> Intraoral inspection and palpation |

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