

**REGIONAL WRITE-UP—NOSE, MOUTH, AND THROAT**

Date \_\_\_\_\_

Examiner \_\_\_\_\_

Patient \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Reason for visit \_\_\_\_\_

**I. Health History****A. Nose**

1. Any nasal **discharge**?
2. Unusually frequent or severe colds?
3. Any **sinus pain** or sinusitis?
4. Any **trauma** or injury to nose?
5. Any **nosebleeds**? How often?
6. Any **allergies** or hay fever?
7. Any change in sense of smell?

No

Yes, explain

**B. Mouth and throat**

1. Any **sores** in mouth, tongue?
2. Any **sore throat**? How often?
3. Any **bleeding gums**?
4. Any **toothache**?
5. Any **hoarseness**, voice change?
6. Any difficulty **swallowing**?
7. Any change in sense of taste?
8. Do you smoke? How much/day?
9. Tell me about usual dental care.

**II. Physical Examination****A. Inspect and palpate the nose**

Symmetry \_\_\_\_\_

Deformity, asymmetry, inflammation \_\_\_\_\_

Test patency of each nostril \_\_\_\_\_

Using a nasal speculum, note:

Color of nasal mucosa \_\_\_\_\_

Discharge, foreign body \_\_\_\_\_

Septum: deviation, perforation, bleeding \_\_\_\_\_

Turbinates: color, swelling, exudate, polyps \_\_\_\_\_

**B. Palpate the sinus area**

Frontal \_\_\_\_\_

Maxillary \_\_\_\_\_

**C. Inspect the mouth**

Lips \_\_\_\_\_

Teeth and gums \_\_\_\_\_

Buccal mucosa \_\_\_\_\_

Palate and uvula \_\_\_\_\_

Tonsils (grade) \_\_\_\_\_

Tongue \_\_\_\_\_

**D. Inspect the throat**

Tonsils: condition and grade \_\_\_\_\_

Pharyngeal wall \_\_\_\_\_

Any breath odor \_\_\_\_\_

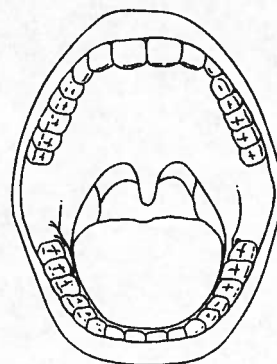
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Summarize your findings using the SOAP format.

**Subjective** (Reason for seeking care, health history)

**Objective** (Physical examination findings)

Record findings on diagram below



**Assessment** (Assessment of health state or problem, diagnosis)

**Plan** (Diagnostic evaluation, follow-up care, patient teaching)