

**REGIONAL WRITE-UP—THORAX AND LUNGS**

Date \_\_\_\_\_

Examiner \_\_\_\_\_

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

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

**I. Health History**

	No	Yes, explain
1. Do you have a <b>cough</b> ?	_____	_____
2. Any shortness of <b>breath</b> ?	_____	_____
3. Any <b>chest pain</b> with breathing?	_____	_____
4. Any <b>past history</b> of lung diseases?	_____	_____
5. Ever <b>smoke</b> cigarettes? How many/day? For how long?	_____	_____
6. Any living or work conditions that affect your breathing?	_____	_____
7. Last TB skin test, chest x-ray, flu vaccine?	_____	_____

**II. Physical Examination****A. Inspection**

1. Thoracic cage \_\_\_\_\_
2. Respiratory rate and pattern \_\_\_\_\_
3. Skin \_\_\_\_\_
4. Person's position \_\_\_\_\_
5. Person's facial expression \_\_\_\_\_
6. Level of consciousness \_\_\_\_\_

**B. Palpation**

1. Confirm symmetric chest expansion \_\_\_\_\_
2. Tactile fremitus \_\_\_\_\_
3. Detect any lumps, masses, tenderness \_\_\_\_\_
4. Trachea \_\_\_\_\_

**C. Percussion**

1. Determine percussion note that predominates over lung fields \_\_\_\_\_
2. Diaphragmatic excursion \_\_\_\_\_

**D. Auscultation**

1. Listen: posterior, lateral, anterior \_\_\_\_\_
2. Any abnormal breath sounds? \_\_\_\_\_  
If so, perform bronchophony, \_\_\_\_\_  
whispered pectoriloquy, \_\_\_\_\_  
egophony \_\_\_\_\_
3. Any adventitious sounds? \_\_\_\_\_

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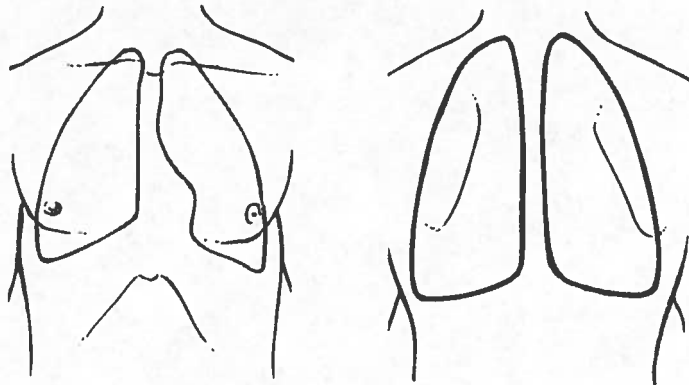
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Summarize your findings using the SOAP format.

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

**Objective** (Physical examination findings)

Use the drawing to record your findings



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

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