APPENDIX 1:

Template for Polytrauma Clinic Physician Note

1) **Identification:**  y/o, (  )male / female(  )
Deployed to Iraq/Afghanistan in (month)/ (year).
Returned to U.S. in (month)/ (year).
Current Health Care /Mental health provider name:
Nearest VA:

2) **Main reason for this visit/Chief complaint:**

3) **HPI:**
Date of Injury:
Injury Agent:

Did the Injury result in any of the following:
A. Being dazed, confused or seeing star? ( ) yes / no (  )
B. Not remembering events before or after of about the injury? ( ) yes / no (  )
C. Losing consciousness (knocked out) for less than a minute? ( ) yes / no (  )
D. Between 1 min and 20 min? ( ) yes / no (  )

Are you currently experiencing any of the following problems?
A. Visual disturbances ( ) yes / no (  )
B. Sensitivity to light or noise ( ) yes / no (  )
C. Sleep disturbances (  ) yes / no (  )
D. Dizziness ( ) yes / no (  )
E. Headaches (  ) yes / no (  )
F. Excessive fatigue ( ) yes / no (  )
G. Attention/Concentration ( ) yes / no (  )
H. Memory Problems (  ) yes / no (  )
I. Depression ( ) yes / no (  )
J. Mood Swings/Lability (  ) yes / no (  )
K. Irritability ( ) yes / no (  )
L. Anxiety ( ) yes / no (  )
M. Ringing in the ears ( ) yes / no (  )
N. Balance problems (  ) yes / no (  )

4) **SIGNIFICANT MEDICAL/SURGICAL HISTORY:**

5) Presence/absence of remaining shrapnel fragment in the body: ( ) yes / no (  )
If yes, where:
*Note: Caution against MRI unless above is clear

6) **ALLERGIES:**  ( ) yes / no (  )
If yes what:

7) **CURRENT MEDS:**

8) **PHYSICAL EXAM**
-General:
-HEENT:
-LUNGS:
-CV:
-ABD:
NEURO EXAM:

A) CRANIAL NERVES:
   I. olfactory
      ( ) intact/not intact ( )
   II. optic
      ( ) intact/not intact ( )
   III. oculomotor
      ( ) intact/not intact ( )
   IV. trochlear
      ( ) intact/not intact ( )
   V. trigeminal
      ( ) intact/not intact ( )
   VI. abducens
      ( ) intact/not intact ( )
   VII. facial
      ( ) intact/not intact ( )
   VIII. vestibular-cochlear
      ( ) intact/not intact ( )
   IX. glossopharyngeal
      ( ) intact/not intact ( )
   X. vagus
      ( ) intact/not intact ( )
   XI. spinal accessory
      ( ) intact/not intact ( )
   XII. hypoglossal
      ( ) intact/not intact ( )

B) MENTAL STATUS: ➔ Cognitive Exam (see Neuropsych note)
C) DTRs: Right / Left
   Elbow:
   Wrist:
   Knee:
   Ankle:

D) MMT
   ****UPPER EXTREMITY****
   - Hand dominance: ( )Right / Left ( )
   STRENGTH: R/L
   - Shoulder Flexion:
   -Shoulder Abduction:
   - Elbow Flexion:
   - Elbow Extension:
   - Wrist Extension
   - Finger Flexors

   ****LOWER EXTREMITY****
   STRENGTH: R/L
   - Hip flex/ext:
   - Knee flex/ext:
   - EHL:
   - Ankle DF:
E) Finger to Nose Exam. (Coordination):
F) Gait/ Posture:

8) ASSESSMENT/PLAN:

1. Physical problems [ pain( ) /motor weakness( ) / gait abnormality( ) / seizure( ) / dizziness( )/ fatigue( )]

2. Cognitive deficits (see neuropsych note for any deficits in attention/concentration, processing speed, memory, problem-solving, executive organization and safety judgment).

3. Emotional issues: (see neuropsych note for any depressed mood, anxieties, PTSD, suicidal ideation, irritability, and disinhibition).

4. Community integration: (see OT/PT note for evaluation of ability for self care, money management, functional status, mobility, ROM, community accessibility, employment/vocational issues).

5. Hearing and Vision: (See notes by speech-hearing team).

6. Resource allocation, service connection, follow up and care coordination plans: (see SW note).