

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).**