

Weekend CRASH Physical Examination Form

Participant's Name _____
 Date of Birth _____ Age _____ Height _____ Weight _____

General

Appearance (Dress, Cleanliness, etc) _____
 Blood Pressure _____ Resp. Rate _____/min
 Pulse _____ Reg _____ Irreg _____ Explain _____

Behavior

	YES	NO	Explain
Anxious	_____	_____	_____
Irritable	_____	_____	_____
Uncooperative	_____	_____	_____
Hyperactive	_____	_____	_____
Alcohol on Breath	_____	_____	_____

Dermatology

	YES	NO	Explain
Vascular Dilatation	_____	_____	_____
Clubbing/Edema	_____	_____	_____
Dupuytren's Contractures	_____	_____	_____
Palmar Erythema	_____	_____	_____
Cigarette Burns	_____	_____	_____
Spider Nevi	_____	_____	_____
IV drug needle marks	_____	_____	_____
Other Burns/Scars not from surgery?	_____	_____	Where? _____

HEENT

Evidence of Head Trauma _____
 Extraocular Movements: Intact _____ Not/Explain _____
 Nystagmus? _____
 Pupil Size _____ PERRLA? _____ Not/Explain _____
 Sclera: Clear _____ Icteric _____
 Nasal Septum: Intact _____ Not/Explain _____
 Periodontal Disease Yes _____ No _____
 Swollen Parotids Yes _____ No _____

Chest

Gynecomastia _____
 Lungs: Clear to A&P _____ Dullness _____ Rales _____ Rhonchi _____ Wheezes _____
 Heart: PMI: quality and location _____
 Rhythm REG _____ IRREG _____ Explain _____
 Sounds S1 _____ S2 _____ Others(S3,S4, Rubs, Gallops) _____
 Murmur (Describe if Poss.) _____

Abdominal Exam

Tenderness (location) _____
 Ascites _____ Bowel sounds(+/-) _____ Masses _____
 Liver (size @MCL) _____ cm Palpable? _____ Splenomegaly _____

Participant Name: _____

Date of Birth _____

Neuropsychiatric

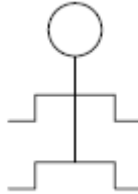
Cranial Nerves Intact? _____ **Not/Explain** _____

Cerebellar: Tremor _____ Tandem Walk _____ F to N _____ Romberg+/-? _____

Extremities: sensory (upper+lower)intact _____ symmetrical _____

Motor ((upper+lower)intact _____ symmetrical _____

Deep Tendon Reflexes:



Cognition: Object Retention /3@ min

World--- ☺ ☹---

Serial Sevens _____

ASSESSMENT

Problems Associated with Alcohol Use or Drug Use:

1. _____
2. _____
3. _____

Other Problems:

1. _____
2. _____
3. _____

Examiner's Signature _____

Examiner's Name _____

PLEASE INCLUDE EXAMINER'S ADDRESS _____

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