

MEDICAL EXPRESS STANDARD HEALTH MOT

Section D: Doctor Clinical Examination for Standard MOT

(To be completed by the doctor)

Name of doctor: _____

Name of patient: _____ Date: _____

PHYSICAL EXAMINATION

Head and Neck

Ears No wax

Nose Normal No polyps No rhinitis

Throat Normal

Thyroid No goitre

Teeth and Gums Satisfactory

Cardiovascular

Colour Normal

Finger clubbing Not present

Peripheral pulses present Right Left Equal and Symmetrical

Heart Not enlarged

Heart sounds Normal No murmurs

Respiratory System

Trachea Central

Chest Expansion (movements): Normal

Auscultation (air entry): Normal

Lung Fields Clear

Abdominal

Abdomen	Normal - not distended <input type="checkbox"/>
Liver	Normal - not palpable <input type="checkbox"/>
Spleen	Normal - not palpable <input type="checkbox"/>
Kidneys	Normal - not palpable <input type="checkbox"/>
Hernia (Inguinal)	Not present <input type="checkbox"/>
(Paraumbilical)	Not present <input type="checkbox"/>

Musculoskeletal Examination

Joints Normal

Central Nervous System

Pupils Equal and reacting to light and accommodation

Red reflex test Normal - No cataract

Fundi Both normal

Peripheral Nervous System

Balance Right leg Normal

Left leg Normal

Finger nose test for coordination:

Right hand Normal

Left hand Normal

Both almost Equal

Skin

Healthy

No significant rashes/lesions No moles of any significance

That's the end of a Standard Clinical Examination for this Standard MOT. If patient requests other examination or if you need to examine further discuss with patient. A fee is payable or ask patient to see doctor of their choice when report is sent.

In this standard examination we are NOT doing examination of breasts, testicles or doing vaginal and uterine (bimanual examination or examination with specula) or rectal examination.

If patient requests any of these examinations, which are optional, add £40 to have an executive examination. Smear test or HPV are optional. is not included in Executive Examination.

In executive examination, the following examinations are carried out:

Executive Examination (pro forma); add on

1. SPINE: Examination of spine for scoliosis:

Observation of spine for symmetry:

Shoulder: Symmetrical

Scapula: Symmetrical

Nipples: Symmetrical

Waist gap: Symmetrical

Adam's straight Leg Bending test:

No hump - Symmetrical (No scoliosis)

2. Joints: Examination of joints for arthritis

Right

Left

Wrist

Elbow

Shoulder

Ankle

Knee

Hip

3. Eyes: Examination of eye movements do detect squint and Neurological abnormalities.

No ptosis Right - Left

Right eye: All full; up, down, in and out

Left eye: All full; up, down in and out

4. Breast Examination for both Men and Women:

a) Skin change: None Dimpling Puckering Vascularity

b) Nipples: Normal Inverted Averted If abnormal
state: _____

c) Nipple discharge: None Crusting Blood-stained Milk Clear Green

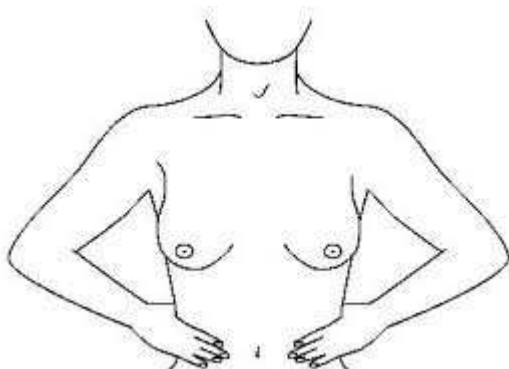
d) Texture: Soft Dense

e) Palpable abnormality: None Hard Soft Mobile Fixed-skin

Fixed-deep Smooth Irregular

Well defined Ill defined

Location of abnormalities (as marked below): None



Breast size
Small <input type="checkbox"/>
Medium <input type="checkbox"/>
Large <input type="checkbox"/>
Equal <input type="checkbox"/>
R > L <input type="checkbox"/>
L > R <input type="checkbox"/>
Always <input type="checkbox"/>
Recent <input type="checkbox"/>

5. Rectal Examination for Carcinoma or polyps in rectum or to assess prostate (in over 40 years old men). In young person no PR is required unless there is a reason for doing PR. In 50+ and those with symptoms PR and PSA test is mandatory.

6. Vaginal Examination (if woman request). Consider need for chaperone.

Agreed with patient: NO need of chaperone

Chaperone was: _____

H. RECOMMENDATIONS

Please discuss with patient and write here the agreed action plan(s), suggestions etc.

1. _____

2. _____

3. _____

4. _____

* Copying reports to GP: Discussed [see "consent for release of medical information"]. Consent available

* Agreed with patient that report will be sent to patient and GP GP details checked

* If patient do not wish us to send a copy tick here ; state reason _____

Signature of Doctor: _____

Date _____