

**Progress Notes
TACS Tertiary Survey**

Date/Time	Physical Examination		
	HEENT	Scalp	
		Eyes	Ears
		Nose	Mouth
	Neck		
	Midline tenderness	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Thorax		
	Abdomen		
	Back		
	Pelvis & Perineum		
	Extremities	Upper	<u>Pulses</u>
		Lower	
	Neuro	Motor	
		Sensory	
	Other		
CT Scans/Angiograms - All results must be confirmed by faculty or printed/dictated report.			
	Head		
	Abdomen		
	Chest		
	Other		

**Progress Notes
TACS Tertiary Survey**

Date/Time	Xrays - All results must be confirmed by faculty or printed/dictated report.	
	C-Spine	
	CXR	
	Pelvis	
	TLS Spine	
	Extremities	
	Other	
	Special Studies, if indicated	
	Aortogram	Peripheral Angiogram
	Cystogram	
	EKG (>50 YO)	
	Operations	
	1.	
	2.	
	Diagnosis List - Underline new diagnosis (not identified after 1^o or 2^o Survey)	
	1.	5.
	2.	6.
	3.	7.
	4.	8.
	Consults (List Service and Faculty)	
	1.	
	2.	
	Tertiary Survey Complete (Mental status adequate for full examination) NO YES	C-Spine "Cleared" (Radiologically AND clinically) NO YES
	Signatures: Examiner: _____	Supervising Staff/Faculty: _____