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PHYSICAL EXAMINATION

First Name_____M.I._____LastName_____No._____

Diagnosis_____

_____

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Age_____Sex : M F

Height	Weight	BMI	Waist	Hip	Waist/ Hip Ratio
Vital Signs	Temperature				
	Pulse				
	Blood Pressure				
	Respiration				
General	Well developed				☐No ☐Yes
	Well nourished				☐No ☐Yes
	Alert and cooperative				☐No ☐Yes
	Appears to be in no acute distress				☐No ☐Yes
	Others				
Head	Normocephalic				☐No ☐Yes
	Atraumatic				☐No ☐Yes
	Extraocular muscles are intact				☐No ☐Yes
	Pupils are equal, round, and reactive to light and accommodation				☐No ☐Yes
	Nares appear normal				☐No ☐Yes
	Others				
Neck	Supple				☐No ☐Yes
	Carotid bruits				☐No ☐Yes
	Lymphadenopathy				☐No ☐Yes
	Thyromegaly				☐No ☐Yes
	Others				
Ears	External auditory canals and tympanic membranes clear				☐No ☐Yes
	Hearing grossly intact				☐No ☐Yes
	Others				
Eyes	Fundi normal				☐No ☐Yes
	Vision is grossly intact				☐No ☐Yes
	Others				

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Nose	Nasal discharge	☐No ☐Yes
	Others	
Throat	Oral cavity and pharynx normal	☐No ☐Yes
	Mouth is well hydrated	☐No ☐Yes
	Mucous membranes are moist	☐No ☐Yes
	Inflammation	☐No ☐Yes
	Swelling	☐No ☐Yes
	Exudate	☐No ☐Yes
	Lesions	☐No ☐Yes
	Teeth and gingiva in good general condition	☐No ☐Yes
	Others	
Lungs	Clear to auscultation	☐No ☐Yes
	Clear to percussion	☐No ☐Yes
	Rales	☐No ☐Yes
	Rhonch	☐No ☐Yes
	Wheezing	☐No ☐Yes
	Diminished breath sounds	☐No ☐Yes
	Others	
Cardiac	Rhythm is regular	☐No ☐Yes
	Murmur	☐No ☐Yes
	Peripheral edema	☐No ☐Yes
	Cyanosis	☐No ☐Yes
	Pallor	☐No ☐Yes
	Extremities are warm and well perfused	☐No ☐Yes
	Carotid bruits	☐No ☐Yes
	Capillary refill is less than	☐No ☐Yes
	Others	
Abdomen	Positive bowel sounds	☐No ☐Yes
	Obese	☐No ☐Yes
	Soft	☐No ☐Yes
	Nondistended	☐No ☐Yes
	Nontender	☐No ☐Yes
	Guarding or rebound	☐No ☐Yes
	Masses	☐No ☐Yes
	Hepatosplenomegaly	☐No ☐Yes
	Others	

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Musculoskeletal	Adequately aligned spine	☐No ☐Yes
	Joint erythema or tenderness	☐No ☐Yes
	Normal muscular development	☐No ☐Yes
	Normal gait	☐No ☐Yes
	Others	
Extremities	Significant deformity	☐No ☐Yes
	Joint abnormality	☐No ☐Yes
	Edema	☐No ☐Yes
	Peripheral pulses intact	☐No ☐Yes
	Peripheral pulses intact	☐No ☐Yes
	Others	
Skin	Normal color	☐No ☐Yes
	Normal texture	☐No ☐Yes
	Normal turgor	☐No ☐Yes
	Lesions	☐No ☐Yes
	Eruptions	☐No ☐Yes
	Others	
Neurological	Cerebellar testing normal	☐No ☐Yes
	Others	
Psychiatric	Oriented to person, place and time	☐No ☐Yes
	Able to demonstrate good judgement and reason	☐No ☐Yes
	Hallucinations	☐No ☐Yes
	Abnormal affect	☐No ☐Yes
	Abnormal behaviors	☐No ☐Yes
	Others	
Comments		

Doctor Signature	Print Name	Date