

Physical Exam

Basic Information				
First Name	Last Name	Date of Birth	Patient Identifier	Date of Examination
Physical Examination				
Are the following normal without abnormal features? If abnormal, please describe below				
General Appearance ☐ Yes ☐ No ☐ Not Examined				
Ear, Nose, Throat ☐ Yes ☐ No ☐ Not Examined				
Mouth ☐ Yes ☐ No ☐ Not Examined				
Speech ☐ Yes ☐ No ☐ Not Examined				
Cardiovascular ☐ Yes ☐ No ☐ Not Examined				
Vascular ☐ Yes ☐ No ☐ Not Examined				
Lungs and Chest ☐ Yes ☐ No ☐ Not Examined				
Abdomen and Viscera (including Hernia) ☐ Yes ☐ No ☐ Not Examined				
Lymphatic (Spleen/Lymph Nodes) ☐ Yes ☐ No ☐ Not Examined				

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Physical Examination (Continued)			
Back/Spine ☐ Yes ☐ No ☐ Not Examined			
Extremities/Joints ☐ Yes ☐ No ☐ Not Examined			
Endocrine ☐ Yes ☐ No ☐ Not Examined			
Genito-urinary ☐ Yes ☐ No ☐ Not Examined			
Skin ☐ Yes ☐ No ☐ Not Examined			
Locomotor ☐ Yes ☐ No ☐ Not Examined			
Neurological System (including reflexes) ☐ Yes ☐ No ☐ Not Examined			
Gait ☐ Yes ☐ No ☐ Not Examined			
Psychiatric ☐ Yes ☐ No ☐ Not Examined			
Urinalysis ☐ Yes ☐ No ☐ Not Examined			

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Notes			
Clinician Name	Clinician Designation	Clinician Signature	Date