

Normal Physical Exam

First Name	Last Name	Date of Birth	Patient Identifier	Date of Examination
Temperature	Heart Rate	Respiratory Rate	Blood Pressure	SPO2
Are the following normal without abnormal features? If abnormal, please describe below				
General Appearance & Vitals ☐ 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				

Normal Physical Exam (Page 2)				
First Name	Last Name	Date of Birth	Patient Identifier	Date of Examination
Are the following normal without abnormal features? If abnormal, please describe below				
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				

Normal Physical Exam (Page 3)				
First Name	Last Name	Date of Birth	Patient Identifier	Date of Examination
Notes				
Clinician Name	Clinician Designation	Clinician Signature	Date	