

PHYSICAL EXAMINATION

PATIENT NAME: _____

BIRTH DATE: / /

ID NO.: _____

DATE: / /

CONSTITUTIONAL

• VITAL SIGNS (RECORD ≥ 3 VITAL SIGNS):

HEIGHT: _____ WEIGHT: _____ BMI: _____ BLOOD PRESSURE (SITTING): _____ TEMPERATURE: _____ PULSE: _____ RESPIRATION: _____

• GENERAL APPEARANCE (NOTE ALL THAT APPLY):

- | | | | |
|---|--------------------------------|---|--------------------------------|
| <input type="checkbox"/> WELL-DEVELOPED | <input type="checkbox"/> OTHER | <input type="checkbox"/> NO DEFORMITIES | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> WELL-NOURISHED | <input type="checkbox"/> OTHER | <input type="checkbox"/> WELL-GROOMED | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> NORMAL HABITUS | <input type="checkbox"/> OBESE | <input type="checkbox"/> OTHER | |

NECK

- NECK NORMAL ABNORMAL _____
- THYROID NORMAL ABNORMAL _____

RESPIRATORY

- RESPIRATORY EFFORT NORMAL ABNORMAL _____
- AUSCULTATED LUNGS NORMAL ABNORMAL _____

CARDIOVASCULAR

- AUSCULTATED HEART
- SOUNDS NORMAL ABNORMAL _____
- MURMURS NORMAL ABNORMAL _____
- PERIPHERAL VASCULAR NORMAL ABNORMAL _____

GASTROINTESTINAL

- ABDOMEN NORMAL ABNORMAL _____
- HERNIA NONE PRESENT _____
- LIVER/SPLEEN
- LIVER NORMAL ABNORMAL _____
- SPLEEN NORMAL ABNORMAL _____
- STOOL GUIAIAC, IF INDICATED POSITIVE NEGATIVE

LYMPHATIC

- PALPATION OF NODES (CHOOSE ALL THAT ARE APPLICABLE)
- NECK NORMAL ABNORMAL _____
- AXILLA NORMAL ABNORMAL _____
- INGUIN NORMAL ABNORMAL _____
- OTHER SITE NORMAL ABNORMAL _____

SKIN

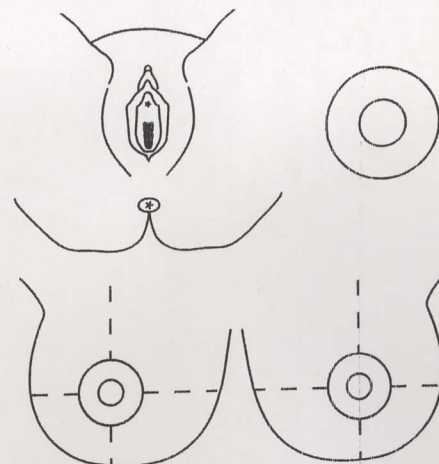
- INSPECTED/PALPATED NORMAL ABNORMAL _____

NEUROLOGIC/PSYCHIATRIC

- ORIENTATION TIME PLACE PERSON COMMENTS
- MOOD AND AFFECT NORMAL DEPRESSED ANXIOUS AGITATED OTHER

GYNECOLOGIC (AT LEAST 7)

- | | | | |
|-------------------------|---------------------------------|-----------------------------------|-------|
| • BREASTS | <input type="checkbox"/> NORMAL | <input type="checkbox"/> ABNORMAL | _____ |
| • EXTERNAL GENITALIA | <input type="checkbox"/> NORMAL | <input type="checkbox"/> ABNORMAL | _____ |
| • URETHRAL MEATUS | <input type="checkbox"/> NORMAL | <input type="checkbox"/> ABNORMAL | _____ |
| • URETHRA | <input type="checkbox"/> NORMAL | <input type="checkbox"/> ABNORMAL | _____ |
| • BLADDER | <input type="checkbox"/> NORMAL | <input type="checkbox"/> ABNORMAL | _____ |
| • VAGINA/PELVIC SUPPORT | <input type="checkbox"/> NORMAL | <input type="checkbox"/> ABNORMAL | _____ |
| • CERVIX | <input type="checkbox"/> NORMAL | <input type="checkbox"/> ABNORMAL | _____ |
| • UTERUS | <input type="checkbox"/> NORMAL | <input type="checkbox"/> ABNORMAL | _____ |
| • ADNEXA/PARAMETRIA | <input type="checkbox"/> NORMAL | <input type="checkbox"/> ABNORMAL | _____ |
| • ANUS/PERINEUM | <input type="checkbox"/> NORMAL | <input type="checkbox"/> ABNORMAL | _____ |
| • RECTAL | <input type="checkbox"/> NORMAL | <input type="checkbox"/> ABNORMAL | _____ |



(SEE ALSO "STOOL GUIAIAC" ABOVE)

• TOTAL NUMBER OF BULLETED (•) ELEMENTS EXAMINED: _____