

your name * address * suite # * city, state and zip * phone

PATIENT NAME: _____ DOB: _____ DATE: _____ BMI: _____

Chief Complaint: _____
 Height: _____
 Weight: _____
 Temp: _____
 BP: _____
 Pulse: _____
 Resp: _____

Sx.

PHYSICAL EXAM				EXAM ABNORMALITIES			
AREA	ELEMENT OF EXAM	WNL	ABNORMAL DETAIL	AREA	ELEMENT OF EXAM	WNL	ABNORMAL DETAIL
	3 Vitals			CHEST	Palp-Breasts		
	General Appearance				Inspect - nipple discharge		
EYE	Conjunctiva and Lids			GI/AB	Mass, Tender, Sounds		
	Pupils and Iris				Liver and Spleen		
	Ophth./optic disc			GU	Hernia		
ENMT	External - Ears and Nose				Scrotum, Penis, Orch.		
	Oto External Audit Canals/TM				Vagina		
	Hearing Assessment				Urethra		
	Nasal Mucosa, septum turb.				Bladder		
	Lips, Teeth, Gums				Cervix		
	Oropharynx (tongue, tonsils)				Uterus		
NECK	Masses, Symmetry				Adnexae		
	Thyroid (enlarged, mass)			M/S	Gait/Station		
RESP	Respiratory Effort				Insp./Palp. (digits and nails)		
	Percussion (dullness/flatness)				Insp./Palp. (misalignment) Sites:		
	Palpation				Range of motion Sites:		
	Auscultation				Stability Sites:		
CARD	Palp. of Heart-loc (size thrill)				Muscle Strength/Tone Sites:		
	Auscultation of Heart (sounds)			SKIN	Skin and Subq. Tissue		
	Carotids (bruits)				Palp. Skin and Subq. Tissue		
	Abd Aorta (bruits)			NEUR	Cranial Nerves/Deficit		
	Femoral Art. (bruits, pulse amp.)				Deep Tendon Reflexes		
	Radial Pulses (amplitude)				Sensation (touch/pin)		
	LYMPH	Extremities (edema, vasculitis)			PSYC	Orientation X3	
Palp Lymph Nodes Neck				Recent/Remote Memory			
	Axilla, Groin, Other			Mood and affect			
A/P (E/M: Med Decision Making — 1-2 straightforward; 3-low complexity; 4-moderate; 5-high)							

TIME W/PT: _____

COUNSELING RE: _____ TIME IN COUNSELING: _____

SIGNATURE: _____ SEE DICTATION