

# Annual Physical Exam

Patient information	
Name:	
Date of birth:	Gender:
Vital signs	
Blood pressure:	Heart rate:
Respiratory rate:	Temperature:
Medical history	
Current medications:	Known allergies:
Past medical conditions:	Family medical history:
Lifestyle factors	
Dietary habits:	Exercise routine:

<b>Sleep patterns:</b>	<b>Substance use:</b>
<b>Physical examination</b>	
<b>General appearance:</b>	<b>Appearance and hygiene:</b>
<b>Nutritional status:</b>	<b>Behavior and mood:</b>
<b>Systems examination</b>	
<b>Cardiovascular system:</b>	<b>Respiratory system:</b>

<b>Musculoskeletal system:</b>	<b>Neurological system:</b>
<b>Gastrointestinal system:</b>	<b>Dermatological examination:</b>
<b>Screening tests</b>	
<b>Blood glucose:</b>	
<b>Cholesterol levels:</b>	
<b>Cancer screenings (if applicable):</b>	
<b>Other test/s:</b>	
<b>Additional notes</b>	
<b>Healthcare professional information</b>	
<b>Name:</b>	
<b>License number:</b>	<b>Signature:</b>