## **Full Physical Exam Checklist**

Patient's full name:
Date of physical exam:
I. <u>GENERAL</u>
☐ Check/update the patient's medical history
☐ Take their blood pressure
☐ Take their heart rate
☐ Take their temperature
☐ Take their respiratory rate
☐ Take their height
☐ Take their weight
Attending physician's full name and signature:
II. HEENT EXAMINATION
Examine their head
Examine their hair and scalp
Examine their face and facial movements
☐ Measure their visual acuity
☐ Inspect eyelids
☐ Inspect eyelashes
☐ Inspect bulbar conjuctivas
☐ Inspect palpebral conjunctivas
☐ Inspect scleras
☐ Inspect corneas

Inspect anterior chambers
Inspect irises
Assess pupils
Perform ophthalmoscopy
Examined external ears
Inspect the auricle
Inspect the tympanic membrane
Conduct the Whisper Test
Conduct the Weber Test
Conduct the Rinne Test
Inspect the nose and its symmetry
Inspect the septum and nostrils
Inspect the sinuses
Conducted the Smell Test
Inspected the lips (moistness and color)
Inspect the gums
Inspect the teeth
Inspect the buccal mucosa
Inspect the palate
Inspect the tongue
Inspect the uvula and tonsils
Examine the jaw joint
Examine the neck's range of motion
Palpate the neck's lymph nodes
Palpate the neck and trachea
Check for Jugular Vein Distention

Attending physician's full name and signature:	
III. CHEST AND PULMONARY EXAMINATION	
☐ Examine the chest wall	
☐ Percuss posterior lung fields	
☐ Auscultate anterior lung fields	
☐ Auscultate posterior lung fields	
☐ Auscultate lateral lung fields	
Attending physician's full name and signature:	
IV. <u>CARDIAC EXAMINATION</u>	
☐ Inspect the precordium	
☐ Inspect the neck veins and carotid pulse	
☐ Inspect the heart apex	
☐ Palpate the heart at the apex, over the right ventricle, and at the base	
<ul> <li>Auscultate the patient while they're seated upright, lying down in a supine position, and while they're lateral (left)</li> </ul>	
<ul> <li>Auscultate the upper right sternal border, upper left sternal border, lower left sternal border, and the apical impulse point at the left ventricle area</li> </ul>	
☐ Auscultate the bell and diaphragm	

Attending physician's full name and signature:
V. <u>ABDOMINAL EXAMINATION</u>
☐ Inspect the abdomen
Auscultate the abdomen for bowel sounds
Auscultate the aorta and bilateral renal arteries
Percuss all four quadrants of the abdomen
Deeply palpate all four quadrants of the abdomen
☐ Palpate the liver edge
Percuss the liver span along the mid-clavicular line
☐ Palpate the spleen tip
Attending physician's full name and signature:
VI. <u>EXTREMITIES</u>
VI. EXTREMITIES  Inspect and palpate arms and legs for the possibility of any deformities
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<ul> <li>Inspect and palpate arms and legs for the possibility of any deformities</li> <li>Palpate the legs to check for the possibility of edema</li> </ul>
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Attending physician's full name and signature:	
VI. PERIPHERAL VASCULAR EXAMINATION	
☐ Bilateral palpation of radial pulses	
☐ Bilateral palpation of brachial pulses	
☐ Palpation of posterior tibial pulses	
☐ Palpate dorsalis pedis pulses	
Attending physician's full name and signature:	
VIII NEUDOLOGICAL EVAMINATION	
VIII. NEUROLOGICAL EXAMINATION	
☐ Assess the motor strength of their arms	
Assess the motor strength of their legs	
Assess their reflexes with a weighted reflex hammer	
☐ Assess their gait	
☐ Assess their sensations by touching their extremities	
☐ Assess their cerebral function	

Attending physician's full name and signature:	
IX. MUSCULOSKELETAL EXAMINATION	
☐ Inspect the knees (palpate them, check their range of motion, and assess their strength)	
☐ Inspect the shoulders (palpate them, check their range of motion, and assess their strength)	
☐ Inspect the hip (palpate it, check its range of motion, and assess its strength)	
☐ Inspect the back/spine (palpate it, check its range of motion, and assess its strength)	
Attending physician's full name and signature:	
V	
X. MISCELLANEOUS	
☐ Urinalysis	
☐ Stool analysis	
☐ Hernia examination	
Attending physician's full name and signature:	

XI. <u>FOR MEN ONLY</u>
☐ Testicular examination
☐ Prostate examination
Attending physician's full name and signature:
XII. FOR WOMEN ONLY
☐ Breast examination
☐ Pap smear
Attending physician's full name and signature: