## Full Physical Exam Checklist

## Patient's full name:

## Date of physical exam:

I. GENERAL
$\square$ Check/update the patient's medical history
$\square$ Take their blood pressure
$\square$ Take their heart rate
$\square$ Take their temperature
$\square$ Take their respiratory rateTake their heightTake their weight

## Attending physician's full name and signature:

## II. HEENT EXAMINATION

Examine their headExamine their hair and scalpExamine their face and facial movementsMeasure their visual acuity$\square$ Inspect eyelids
$\square$ Inspect eyelashesInspect bulbar conjuctivas
$\square$ Inspect palpebral conjunctivasInspect scleras
$\square$ Inspect corneas
$\square$ Inspect anterior chambersInspect irises
$\square$ Assess pupilsPerform ophthalmoscopyExamined external earsInspect the auricleInspect the tympanic membraneConduct the Whisper TestConduct the Weber TestConduct the Rinne TestInspect the nose and its symmetry
$\square$ Inspect the septum and nostrils
$\square$ Inspect the sinusesConducted the Smell TestInspected the lips (moistness and color)Inspect the gums
$\square$ Inspect the teethInspect the buccal mucosaInspect the palateInspect the tongueInspect the uvula and tonsils
$\square$ Examine the jaw jointExamine the neck's range of motion
$\square$ Palpate the neck's lymph nodesPalpate the neck and tracheaCheck for Jugular Vein Distention

Attending physician's full name and signature:

## III. CHEST AND PULMONARY EXAMINATION

Examine the chest wallPercuss posterior lung fieldsAuscultate anterior lung fieldsAuscultate posterior lung fields$\square$ Auscultate lateral lung fields

## Attending physician's full name and signature:

## IV. CARDIAC EXAMINATION

Inspect the precordiumInspect the neck veins and carotid pulse
$\square$ Inspect the heart apex


Palpate the heart at the apex, over the right ventricle, and at the base

$\square$
Auscultate the patient while they're seated upright, lying down in a supine position, and while they're lateral (left)

Auscultate the upper right sternal border, upper left sternal border, lower left sternal border, and the apical impulse point at the left ventricle area
$\square$ Auscultate the bell and diaphragm

## V. ABDOMINAL EXAMINATION

$\square$ Inspect the abdomen
$\square$ Auscultate the abdomen for bowel soundsAuscultate the aorta and bilateral renal arteries
$\square$ Percuss all four quadrants of the abdomen
$\square$ Deeply palpate all four quadrants of the abdomen
$\square$ Palpate the liver edge
$\square$ Percuss the liver span along the mid-clavicular line
$\square$ Palpate the spleen tip

## Attending physician's full name and signature:

## VI. EXTREMITIES

$\square$
Inspect and palpate arms and legs for the possibility of any deformitiesPalpate the legs to check for the possibility of edema
$\square$ Inspect the feet for any deformities and ulcers

Attending physician's full name and signature:

## VI. PERIPHERAL VASCULAR EXAMINATION

Bilateral palpation of radial pulsesBilateral palpation of brachial pulsesPalpation of posterior tibial pulsesPalpate dorsalis pedis pulses
## Attending physician's full name and signature:

## VIII. NEUROLOGICAL EXAMINATION

$\square$ Assess the motor strength of their arms
$\square$ Assess the motor strength of their legs
$\square$ Assess their reflexes with a weighted reflex hammer
$\square$ Assess their gait
$\square$ Assess their sensations by touching their extremities
$\square$ Assess their cerebral function

## IX. MUSCULOSKELETAL EXAMINATION

$\square$ 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)
$\square$ Inspect the hip (palpate it, check its range of motion, and assess its strength)
$\square$ Inspect the back/spine (palpate it, check its range of motion, and assess its strength)

## Attending physician's full name and signature:

## X. MISCELLANEOUS

UrinalysisStool analysis
$\square$ Hernia examination

## Attending physician's full name and signature:

## XI. FOR MEN ONLY

$\square$ Testicular examination
$\square$ Prostate examination

Attending physician's full name and signature:
XII. FOR WOMEN ONLY
$\square$ Breast examination
$\square$ Pap smear

Attending physician's full name and signature:

