

General Appearance Physical Examination

Patient Information

Name:

Date of Birth:

Medical Record Number:

Date of Exam:

Time of Exam:

Observations

1. Overall Appearance

2. Posture and Gait

3. Skin

4. Facial Expressions

5. Clothing and Personal Hygiene

Additional Observations

Overall Impression

Next Steps**Follow-up****Provider's Signature****Name:****Date:**