General Physical Examination Checklist

Name: Sarah Smith

Date of birth: November 9, 1987

Patient identifier: 0123456

Date of examination: February 2, 2023

Temperature: 36.5º

Heart rate: 70 bpm

Respiratory rate: 15

Blood pressure: 120/80

SPO2: 98

Are the following normal without abnormal features? If abnormal, please describe below.

1. General appearance and vitals	◉ **Yes**	○ **No**	○ **Not examined**
Comments: Patient appears well developed and nourished in no acute distress.			
2. Ear, nose, throat	◉ **Yes**	○ **No**	○ **Not examined**
Comments: Head is normocephalic; scalp without lesions or masses. Neck supple without adenopathy. Oropharynx clear without exudate or lesions. Tympanic membranes intact with bilaterally equal air conduction to whispered voice and acoustic reflexes present bilaterally. No nystagmus.			
3. Mouth	◉ **Yes**	○ **No**	○ **Not examined**
Comments: Mucous membranes moist with normal dentition			
4. Speech	○ **Yes**	○ **No**	◉ **Not examined**
Comments:			
5. Cardiovascular	◉ **Yes**	○ **No**	○ **Not examined**
Comments: Regular rate and rhythm with no murmurs, rubs or gallops noted upon precordial palpation and auscultation respectively.			

6. Vascular	○ Yes	○ No	◉ Not examined

Comments:

7. Lungs and chest	◉ Yes	○ No	○ Not examined

Comments:

Clear to auscultation bilaterally without wheezes, rhonchi or rales heard upon percussion and palpation of chest wall respectively.

8. Abdomen and viscera (including hernia)	◉ Yes	○ No	○ Not examined

Comments:

Soft flat abdomen without tenderness on palpation at all four quadrants

9. Lymphatic (spleen/lymph nodes)	○ Yes	○ No	◉ Not examined

Comments:

10. Back/spine	○ Yes	○ No	◉ Not examined

Comments:

11. Extremities/joints	○ Yes	○ No	◉ Not examined

Comments:

12. Endocrine	○ Yes	○ No	◉ Not examined

Comments:

13. Genito-urinary	◯ Yes	◯ No	◉ Not examined
Comments:			
14. Skin	◯ Yes	◯ No	◉ Not examined
Comments:			
15. Locomotor	◉ Yes	◯ No	◯ Not examined
Comments:			
16. Neurological system (including reflexes)	◯ Yes	◯ No	◯ Not examined
Comments: Full range of motion throughout the body parts tested with symmetrical strength 5/5 throughout lower extremities in particular.			
17. Gait	◯ Yes	◯ No	◉ Not examined
Comments:			
18. Psychiatric	◯ Yes	◯ No	◉ Not examined
Comments:			
19. Urinalysis	◯ Yes	◯ No	◉ Not examined
Comments:			

Additional notes

Chief Complaint: The patient is a (age) year-old male/female complaining of (symptoms).

History of Present Illness: The patient states that (onset, duration, frequency and severity of symptoms). He/she also reports (associated symptoms if applicable).

Past Medical History: The patient has a history significant for (chronic illnesses or surgeries).

Medications: The patient is currently taking (list medications).

Allergies: The patient denies any allergies.