General Physical Examination Checklist

Name: _____ Date of birth: _____

Patient identifier: _____ Date of examination: _____

Temperature: _____ Heart rate: _____

Respiratory rate: _____ Blood pressure: _____ SPO2: _____

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

1. General appearance and vitals	◯ **Yes**	◯ **No**	◯ **Not examined**
Comments:			
2. Ear, nose, throat	◯ **Yes**	◯ **No**	◯ **Not examined**
Comments:			
3. Mouth	◯ **Yes**	◯ **No**	◯ **Not examined**
Comments:			
4. Speech	◯ **Yes**	◯ **No**	◯ **Not examined**
Comments:			
5. Cardiovascular	◯ **Yes**	◯ **No**	◯ **Not examined**
Comments:			

6. Vascular	◯ Yes	◯ No	◯ Not examined
Comments:			
7. Lungs and chest	◯ Yes	◯ No	◯ Not examined
Comments:			
8. Abdomen and viscera (including hernia)	◯ Yes	◯ No	◯ Not examined
Comments:			
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:			

17. Gait	Yes	No	Not examined
Comments:			

18. Psychiatric	Yes	No	Not examined
Comments:			

19. Urinalysis	Yes	No	Not examined
Comments:			

Additional notes