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.

General appearance and vitals	☐ Yes ☐ No ☐ Not examined	Comments:
Ear, nose, throat	☐ Yes ☐ No ☐ Not examined	Comments:
Mouth	☐ Yes ☐ No ☐ Not examined	Comments:
Speech	☐ Yes ☐ No ☐ Not examined	Comments:

Cardiovascular	☐ Yes ☐ No ☐ Not examined	Comments:
Vascular	☐ Yes ☐ No ☐ Not examined	Comments:
Lungs and chest	☐ Yes ☐ No ☐ Not examined	Comments:
Abdomen and viscera (including hernia)	☐ Yes ☐ No ☐ Not examined	Comments:
Lymphatic (spleen/lymph nodes)	☐ Yes ☐ No ☐ Not examined	Comments:
Back/spine	☐ Yes ☐ No ☐ Not examined	Comments:
Extremities/joints	☐ Yes ☐ No ☐ Not examined	Comments:
Endocrine	☐ Yes ☐ No ☐ Not examined	Comments:

Genito-urinary	☐ Yes ☐ No ☐ Not examined	Comments:
Skin	☐ Yes ☐ No ☐ Not examined	Comments:
Locomotor	☐ Yes ☐ No ☐ Not examined	Comments:
Neurological system (including reflexes)	☐ Yes ☐ No ☐ Not examined	Comments:
Gait	☐ Yes ☐ No ☐ Not examined	Comments:
Psychiatric	☐ Yes ☐ No ☐ Not examined	Comments:
Urinalysis	☐ Yes ☐ No ☐ Not examined	Comments:

Additional notes