

Genitourinary Physical Exam

Patient Name: _____

ID: _____

DOB: _____

Sex: _____

Subjective

Genitourinary history:

Presenting complaint:

Objective

Male

Body Part Examined	Normal?	Comments
General	<input type="checkbox"/>	
Abdominal	<input type="checkbox"/>	
Kidney	<input type="checkbox"/>	
Back	<input type="checkbox"/>	
Bladder	<input type="checkbox"/>	
Pubic/Inguinal Region	<input type="checkbox"/>	

Penis	<input type="checkbox"/>	
Scrotum	<input type="checkbox"/>	
Prostate	<input type="checkbox"/>	

Female

Body Part Examined	Normal?	Comments
General	<input type="checkbox"/>	
Abdominal	<input type="checkbox"/>	
Kidney	<input type="checkbox"/>	
Back	<input type="checkbox"/>	
Bladder	<input type="checkbox"/>	
Pubic/Inguinal Region	<input type="checkbox"/>	
Vulva	<input type="checkbox"/>	
Vagina	<input type="checkbox"/>	
Cervix	<input type="checkbox"/>	
Uterus	<input type="checkbox"/>	

Assessment

Plan

Clinician Name: _____

Date: _____