

# 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

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Clinician Name: \_\_\_\_\_

Date: \_\_\_\_\_