## **Health Insurance Physical Exam**

| - Name - Date of Birth - Gender - Insurance Provider - Policy Number  Medical History - Chronic Conditions - Medications - Allergies - Previous Surgeries - Family Medical History  Vital Signs - Blood Pressure - Heart Rate - Respiratory Rate - Temperature - Height - Weight  Physical Examination - Cardiovascular System - Abdominal Examination - Musculoskeletal System - Musculoskeletal System - Neurological Exam - Neurological Exam - Neurological Exam - Skin and Appendages | Patient Information      |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|
| - Gender - Insurance Provider - Policy Number  Medical History - Chronic Conditions - Medications - Allergies - Previous Surgeries - Family Medical History  Vital Signs - Blood Pressure - Heart Rate - Respiratory Rate - Temperature - Height - Weight  Physical Examination - Cardiovascular System - Respiratory System - Abdominal Examination - Musculoskeletal System - Musculoskeletal System - Neurological Exam                                                                 | - Name                   |  |
| - Insurance Provider - Policy Number  Medical History - Chronic Conditions - Medications - Allergies - Previous Surgeries - Family Medical History  Vital Signs - Blood Pressure - Heart Rate - Respiratory Rate - Temperature - Height - Weight  Physical Examination - Cardiovascular System - Abdominal Examination - Musculoskeletal System - Musculoskeletal System - Neurological Exam                                                                                               | - Date of Birth          |  |
| Medical History  - Chronic Conditions  - Medications  - Allergies  - Previous Surgeries  - Family Medical History  Vital Signs  - Blood Pressure  - Heart Rate  - Respiratory Rate  - Temperature  - Height  - Weight  Physical Examination  - Cardiovascular System  - Abdominal Examination  - Musculoskeletal System  - Neurological Exam                                                                                                                                               | - Gender                 |  |
| Medical History  - Chronic Conditions  - Medications  - Allergies  - Previous Surgeries  - Family Medical History  Vital Signs  - Blood Pressure  - Heart Rate  - Respiratory Rate  - Temperature  - Height  - Weight  Physical Examination  - Cardiovascular System  - Respiratory System  - Abdominal Examination  - Musculoskeletal System  - Neurological Exam                                                                                                                         | - Insurance Provider     |  |
| - Chronic Conditions - Medications - Allergies - Previous Surgeries - Family Medical History  Vital Signs - Blood Pressure - Heart Rate - Respiratory Rate - Temperature - Height - Weight  Physical Examination - Cardiovascular System - Respiratory System - Abdominal Examination - Musculoskeletal System - Neurological Exam                                                                                                                                                         | - Policy Number          |  |
| - Medications  - Allergies  - Previous Surgeries  - Family Medical History  Vital Signs  - Blood Pressure  - Heart Rate  - Respiratory Rate  - Temperature  - Height  - Weight  Physical Examination  - Cardiovascular System  - Respiratory System  - Abdominal Examination  - Musculoskeletal System  - Neurological Exam                                                                                                                                                                | Medical History          |  |
| - Allergies - Previous Surgeries - Family Medical History  Vital Signs - Blood Pressure - Heart Rate - Respiratory Rate - Temperature - Height - Weight  Physical Examination - Cardiovascular System - Abdominal Examination - Musculoskeletal System - Neurological Exam                                                                                                                                                                                                                 | - Chronic Conditions     |  |
| - Previous Surgeries - Family Medical History  Vital Signs - Blood Pressure - Heart Rate - Respiratory Rate - Temperature - Height - Weight  Physical Examination - Cardiovascular System - Abdominal Examination - Musculoskeletal System - Neurological Exam                                                                                                                                                                                                                             | - Medications            |  |
| - Family Medical History  Vital Signs  - Blood Pressure  - Heart Rate  - Respiratory Rate  - Temperature  - Height  - Weight  Physical Examination  - Cardiovascular System  - Abdominal Examination  - Musculoskeletal System  - Neurological Exam                                                                                                                                                                                                                                        | - Allergies              |  |
| Vital Signs  - Blood Pressure  - Heart Rate  - Respiratory Rate  - Temperature  - Height  - Weight  Physical Examination  - Cardiovascular System  - Respiratory System  - Abdominal Examination  - Musculoskeletal System  - Neurological Exam                                                                                                                                                                                                                                            | - Previous Surgeries     |  |
| - Blood Pressure  - Heart Rate  - Respiratory Rate  - Temperature  - Height  - Weight  Physical Examination  - Cardiovascular System  - Respiratory System  - Abdominal Examination  - Musculoskeletal System  - Neurological Exam                                                                                                                                                                                                                                                         | - Family Medical History |  |
| - Heart Rate - Respiratory Rate - Temperature - Height - Weight  Physical Examination - Cardiovascular System - Respiratory System - Abdominal Examination - Musculoskeletal System - Neurological Exam                                                                                                                                                                                                                                                                                    | Vital Signs              |  |
| - Respiratory Rate  - Temperature  - Height  - Weight  Physical Examination  - Cardiovascular System  - Respiratory System  - Abdominal Examination  - Musculoskeletal System  - Neurological Exam                                                                                                                                                                                                                                                                                         | - Blood Pressure         |  |
| - Temperature  - Height  - Weight  Physical Examination  - Cardiovascular System  - Respiratory System  - Abdominal Examination  - Musculoskeletal System  - Neurological Exam                                                                                                                                                                                                                                                                                                             | - Heart Rate             |  |
| - Height  - Weight  Physical Examination  - Cardiovascular System  - Respiratory System  - Abdominal Examination  - Musculoskeletal System  - Neurological Exam                                                                                                                                                                                                                                                                                                                            | - Respiratory Rate       |  |
| - Weight  Physical Examination  - Cardiovascular System  - Respiratory System  - Abdominal Examination  - Musculoskeletal System  - Neurological Exam                                                                                                                                                                                                                                                                                                                                      | - Temperature            |  |
| Physical Examination  - Cardiovascular System  - Respiratory System  - Abdominal Examination  - Musculoskeletal System  - Neurological Exam                                                                                                                                                                                                                                                                                                                                                | - Height                 |  |
| - Cardiovascular System - Respiratory System - Abdominal Examination - Musculoskeletal System - Neurological Exam                                                                                                                                                                                                                                                                                                                                                                          | - Weight                 |  |
| - Respiratory System  - Abdominal Examination  - Musculoskeletal System  - Neurological Exam                                                                                                                                                                                                                                                                                                                                                                                               | Physical Examination     |  |
| - Abdominal Examination - Musculoskeletal System - Neurological Exam                                                                                                                                                                                                                                                                                                                                                                                                                       | - Cardiovascular System  |  |
| - Musculoskeletal System - Neurological Exam                                                                                                                                                                                                                                                                                                                                                                                                                                               | - Respiratory System     |  |
| - Neurological Exam                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | - Abdominal Examination  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | - Musculoskeletal System |  |
| - Skin and Appendages                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | - Neurological Exam      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | - Skin and Appendages    |  |

| - Eyes, Ears, Nose, Throat |          |
|----------------------------|----------|
| <b>Laboratory Tests</b>    |          |
| - Blood Work               |          |
| - Urine Analysis           |          |
| - Imaging (if applicable)  |          |
| Assessment                 |          |
| - Findings                 |          |
| - Recommendations          |          |
| Doctor's Signature         | - Jeffor |
| Printed Name               |          |
| Date                       |          |