

# Health Insurance Physical Exam

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

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