

Health Insurance Physical Exam

Patient Information	
- 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	
- Respiratory System	
- Abdominal Examination	
- Musculoskeletal System	
- Neurological Exam	
- Skin and Appendages	

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