

Health Physical Exam

Patient Information

- Name: _____
- Date of Birth: _____
- Gender: _____

Vital Signs

- Blood Pressure
 - Systolic: _____
 - Diastolic: _____
- Heart Rate: _____
- Respiratory Rate: _____
- Temperature: _____

General Appearance

- Body Weight: _____
- Posture: _____
- Skin Color: _____
- Hygiene: _____
- Any Visible Abnormalities: _____

Systematic Examination

Cardiovascular System

- Rhythm: _____
- Heart Sounds: _____
- Peripheral Pulses: _____
- Edema (Y/N): _____
- Jugular Venous Pulsation: _____

Respiratory System

- Lung Sounds: _____
- Respiratory Effort: _____
- Abnormal Sounds (Y/N): _____
- Other Respiratory Observations: _____

Musculoskeletal System

- Joint Range of Motion: _____
- Muscle Strength: _____
- Deformities (Y/N): _____
- Signs of Inflammation: _____

Neurological System

- Reflexes: _____
- Sensory Responses: _____
- Coordination: _____
- Motor Function: _____
- Other Neurological Observations: _____

Additional Notes

Follow-up Actions