

Male Physical Exam

Patient information	
Name:	Date of birth:
Contact information:	
Date of exam:	
Medical history review	
Past medical history:	Surgical history:
Current medications:	Allergies:
Family medical history:	Social history (tobacco, alcohol, recreational drug use):
Diet & exercise:	Vaccination status:

Vital signs

Blood pressure:

Heart rate:

Respiratory rate:

Temperature:

Height:

Weight:

Body mass index (BMI):

General physical examination

General appearance:

- Alert
- Oriented
- Distress level
- Hygiene

HEENT:

- Head shape
- Pupils
- Conjunction
- Ears
- Nose
- Throat

<p>Neck:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Thyroid size <input type="checkbox"/> Lymphadenopathy <input type="checkbox"/> Neck mobility 	<p>Cardiovascular:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Heart sounds <input type="checkbox"/> Rhythm <input type="checkbox"/> Murmurs
<p>Respiratory:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Breath sounds <input type="checkbox"/> Symmetry <input type="checkbox"/> Wheezes/rales 	<p>Abdomen:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Palpation <input type="checkbox"/> Bowel sounds <input type="checkbox"/> Tenderness <input type="checkbox"/> Organomegaly
<p>Musculoskeletal:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Range of motion <input type="checkbox"/> Joint tenderness <input type="checkbox"/> Gait 	<p>Neurological:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reflexes <input type="checkbox"/> Sensation <input type="checkbox"/> Coordination <input type="checkbox"/> Mental status
Skin and nails	
Rashes:	Lesions:
Discoloration:	Nail abnormalities:

Male-specific assessments**Testicular exam:**

- Massess
- Tenderness
- Swelling

Hernia exam:**Penis exam:**

- Lesions
- Discharge
- Signs of STIs

Prostate exam (if indicated):**Laboratory and screening****Blood tests:**

a. Complete Blood Count (CBC):

b. Lipid profile:

c. Blood glucose:

d. Thyroid function (TSH, if applicable):

Urinalysis:**Prostate-specific antigen (PSA) (if over 50 or at risk):****Abdominal aortic aneurysm (AAA) screening (if 65–75 and history of smoking):**

Vision and hearing screen:	
Mental health screening	
Mood assessment:	Anxiety/depression indicators:
Stress levels:	Cognitive concerns:
Preventive counseling	
Nutrition and weight management:	Physical activity:
Smoking/tobacco cessation:	Alcohol use guidance:
STI prevention and safe practices:	Immunizations review (Influenza, Tdap, HPV, Shingles, etc.):
Diet & exercise:	Age-appropriate screenings (colorectal, prostate, etc.):

Additional notes**Healthcare professional information****Name:****License ID number:****Signature:****Date of exam:**