

Men's Physical Exam Checklist

Patient Information	Details
Patient Name	
Date of Birth	
Age	
Address	
Phone Number	
Emergency Contact	

Medical History	Details
Past Medical History	
Surgeries	
Current Medications	
Allergies	
Family History	

Vital Signs	Details
Blood Pressure	
Heart Rate	
Respiratory Rate	
Temperature	
Oxygen Saturation	

Physical Examination	Findings
HEENT	
Cardiovascular	
Respiratory	

Gastrointestinal	
Musculoskeletal	
Neurological	
Dermatological	
Genitourinary	

Lifestyle Assessment	Details
Diet	
Exercise	
Alcohol Use	
Tobacco Use	
Recreational Drug Use	
Stress Levels	
Sleep Patterns	

Screening Tests	Date	Results
Complete Blood Count (CBC)		
Lipid Profile		
Fasting Glucose		
PSA Test		
EKG		
Colonoscopy		
Testosterone Level		

Immunizations and Preventive Measures	Date Administered	Next Due Date
Influenza		
Td Booster		
Hepatitis B		

Shingles		
Pneumococcal		
COVID-19		

Doctor's Notes and Recommendations	Details
Observations	
Plan	
Follow-Up	

Doctor's Signature	Details
Signature	
Printed Name	
Date	
License Number	