Normal Physical Exam

First Name	Last Name	Date of Birth	Patient Identifier	Date of Examination
Temperature	Heart Rate	Respiratory Rate	Blood Pressure	SPO2

Are the following normal without abnormal features? If abnormal, please describe below	
General Appearance & Vitals ☐ Yes ☐ No ☐ Not Examined	
Ear, Nose, Throat ☐ Yes ☐ No ☐ Not Examined	
Mouth ☐ Yes ☐ No ☐ Not Examined	
Speech ☐ Yes ☐ No ☐ Not Examined	
Cardiovascular ☐ Yes ☐ No ☐ Not Examined	
Vascular ☐ Yes ☐ No ☐ Not Examined	
Lungs and Chest ☐ Yes ☐ No ☐ Not Examined	
Abdomen and Viscera (including Hernia) ☐ Yes ☐ No ☐ Not Examined	
Lymphatic (Spleen/Lymph Nodes) ☐ Yes ☐ No ☐ Not Examined	

Normal Physical Exam (Page 2)

First Name	Last Name	Date of Birth	Patient Identifier	Date of Examination

Are the following normal without abnormal features? If abnormal, please describe below

Back/Spine ☐ Yes ☐ No ☐ Not Examined	
Extremities/Joints ☐ Yes ☐ No ☐ Not Examined	
Endocrine ☐ Yes ☐ No ☐ Not Examined	
Genito-urinary ☐ Yes ☐ No ☐ Not Examined	
Skin ☐ Yes ☐ No ☐ Not Examined	
Locomotor ☐ Yes ☐ No ☐ Not Examined	
Neurological System (including reflexes) ☐ Yes ☐ No ☐ Not Examined	
Gait ☐ Yes ☐ No ☐ Not Examined	
Psychiatric ☐ Yes ☐ No ☐ Not Examined	
Urinalysis ☐ Yes ☐ No ☐ Not Examined	

Normal Physical Exam (Page 3)

First Name	Last Name	Date of Birth	Patient Identifier	Date of Examination

Notes

Clinician Name	Clinician Designation	Clinician Signature	Date