

Physical Exam Documentation

Patient Information

Name:

Date of Birth:

Gender:

Medical Record Number:

Chief Complaint:

Vital Signs

Blood Pressure:

Heart Rate:

Respiratory Rate:

Temperature:

General Appearance

Head and Neck Examination

Head:

Eyes:

Ears:

Nose and Sinuses:

Mouth and Throat:

Cardiovascular Examination

Heart Sounds:

Peripheral Pulses:

Edema:

Respiratory Examination

Breath Sounds:

Respiratory Effort:

Abdominal Examination

Inspection:

Palpation:

Auscultation:

Neurological Examination

Mental Status:

Cranial Nerves:

Motor and Sensory:

Reflexes:

Musculoskeletal Examination

Joints:

Muscles:

Spine:

Skin Examination

Color:

Lesions:

Assessment and Plan

Clinical Impressions:

Plan of Care:

Patient Education:

Follow-Up Recommendations:

Provider's Signature

Date and Time of Examination: