Physical Examination

Date: June 1, 2023

Patient's Name: Alma Warren

HEALTH HISTORY
List down all the diseases, conditions, and illnesses you have/had:
COVID
List down all of the surgeries or immunization you had:
Aside from the vaccines given to infants, I also received the COVID vaccines.
List down all of the medicines, vitamins, and minerals you're currently taking:
None.
List down your family history of diseases, disorders, etc.:
Diabetes, asthma, gout, athritis.
List down the results of recent tests or tests relevant to your symptoms:
Blood test. Results: High level of uric acid.
List down the name and contact information of doctors you have seen recently:
None.
Describe your lifestyle (eating, exercise, tobacco/alcohol use, sexual/reproductive history):
Tries to eat healthily. Exercises as 3 to 4 times a week.

Do you have any implanted device that helps you out?

- [ ] Yes
- [x] No

If yes, what is it? _____

List down or describe the signs, symptoms, or pain you're experiencing right now:

Joint pain.

Do you have any additional questions?

None.

REVIEW

Height: 5'3

Weight: 156 lbs

Blood Pressure: 120/80

Heart Rate/Pulse: 81 bpm

Temperature: 36.5

Skin:

- [x] Normal
- [ ] Abnormal

Description: _____

Eyes:

- [x] Normal
- [ ] Abnormal

Description: _____

Nose:

- [x] Normal
- [ ] Abnormal

Description: _____

Mouth:

☑ Normal

☐ Abnormal

Description: _____

Throat:

☑ Normal

☐ Abnormal

Description: _____

Ears:

☑ Normal

☐ Abnormal

Description: _____

Heart:

☑ Normal

☐ Abnormal

Description: _____

Lungs:

☑ Normal

☐ Abnormal

Description: _____

Abdomen:

☑ Normal

☐ Abnormal

Description: _____

Lymph Nodes:

☑ Normal

☐ Abnormal

Description: _____

Pulses (Neck, Groin, etc.:

☑ Normal

☐ Abnormal

Description: _____

Reflexes:

- [x] Normal
- [ ] Abnormal

Description: _____

OTHER EXAMS:

- [ ] Skin Exam
- [ ] Clinical Breast Exam
- [ ] Digital Rectal Exam (DRE)
- [ ] Pap Test
- [ ] Pelvic Exam
- [ ] Scrotum and Testicles
- [ ] Others: _____

Results:

LABORATORY TESTS:

- [x] Blood Test
- [ ] Urine Specimen
- [ ] Stool
- [ ] Sputum
- [ ] Others: _____

IMAGING STUDIES:

- [ ] X-ray

- [ ] Computer Tomography (CT)
- [ ] Magnetic Resonance (MRI)
- [ ] Electrocardiogram (EKG)
- [ ] Others: _____

Specialized and In-depth Diagnostic Results:

Patient's Signature: Alma Warren

Examiner's Signature: Dr. Stanley Turner