

# Physical Examination

Date:

Patient's Name:

## HEALTH HISTORY

List down all the diseases, conditions, and illnesses you have/had:

List down all of the surgeries or immunization you had:

List down all of the medicines, vitamins, and minerals you're currently taking:

List down your family history of diseases, disorders, etc.:

List down the results of recent tests or tests relevant to your symptoms:

List down the name and contact information of doctors you have seen recently:

Describe your lifestyle (eating, exercise, tobacco/alcohol use, sexual/reproductive history):

**Do you have any implanted device that helps you out?**

Yes

No

If yes, what is it? \_\_\_\_\_

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

**Do you have any additional questions?**

**REVIEW**

**Height:**

**Weight:**

**Blood Pressure:**

**Heart Rate/Pulse:**

**Temperature:**

**Skin:**

Normal

Abnormal

Description: \_\_\_\_\_

**Eyes:**

Normal

Abnormal

Description: \_\_\_\_\_

**Nose:**

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:**

- 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:**

- 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: \_\_\_\_\_

Examiner's Signature: \_\_\_\_\_