

PHYSICAL EXAMINATION FORM

General: _____

	N	A	R	Comments		N	A	R	Comments
Head					Heart				
Eyes					Abdomen				
Ears					Genitals				
Nose					Rectal				
Throat					Extremities				
Mouth/Teeth					Skin				
Neck					Neuro				
Chest					Psych				
Lungs					Other				

Comments _____

	N	A	R	
Assessment				Physical Examination

Plan _____

Signature *Date*

Printed Name

Key: N= Normal
 A= Abnormal
 R= Refused/ Not evaluated