

Physical Exam - English

null Basic Information  
null  
null  
null  
Visit Information:

1.

2.

Physical Exam Information:

3.

in

4.

lb

5.

F

6.

per min

7.

per min

Blood pressure:

8.

mm

Hg

null Body System/Site  
null  
null  
null

Body System / Site  
If 'Abnormal' is selected, comments are required.

9.

☐ Normal

☐ Abnormal

☐ Not Examined

10.

☐ Normal

☐ Abnormal

☐ Not Examined

11.

☐ Normal

☐ Abnormal

☐ Not Examined

12.

☐ Normal

☐ Abnormal

☐ Not Examined

13.

☐ Normal

☐ Abnormal

☐ Not Examined

14.

☐ Normal

☐ Abnormal

☐ Not Examined

15.	<div><input type="checkbox"/> Normal</div> <div><input type="checkbox"/> Abnormal</div> <div><input type="checkbox"/> Not Examined</div>	<div></div>
16.	<div><input type="checkbox"/> Normal</div> <div><input type="checkbox"/> Abnormal</div> <div><input type="checkbox"/> Not Examined</div>	<div></div>
17.	<div><input type="checkbox"/> Normal</div> <div><input type="checkbox"/> Abnormal</div> <div><input type="checkbox"/> Not Examined</div>	<div></div>
18.	<div><input type="checkbox"/> Normal</div> <div><input type="checkbox"/> Abnormal</div> <div><input type="checkbox"/> Not Examined</div>	<div></div>
19.	<div><input type="checkbox"/> Normal</div> <div><input type="checkbox"/> Abnormal</div> <div><input type="checkbox"/> Not Examined</div>	<div></div>
20.	<div><input type="checkbox"/> Normal</div> <div><input type="checkbox"/> Abnormal</div> <div><input type="checkbox"/> Not Examined</div>	<div></div>
21.	<div><input type="checkbox"/> Normal</div> <div><input type="checkbox"/> Abnormal</div> <div><input type="checkbox"/> Not Examined</div>	<div></div>
22.	<div><input type="checkbox"/> Normal</div> <div><input type="checkbox"/> Abnormal</div> <div><input type="checkbox"/> Not Examined</div>	<div></div>
23.	<div><input type="checkbox"/> Normal</div> <div><input type="checkbox"/> Abnormal</div> <div><input type="checkbox"/> Not Examined</div>	<div></div>
24.	<div><input type="checkbox"/> Normal</div> <div><input type="checkbox"/> Abnormal</div> <div><input type="checkbox"/> Not Examined</div>	<div></div>
25.	<div><input type="checkbox"/> Normal</div> <div><input type="checkbox"/> Abnormal</div> <div><input type="checkbox"/> Not Examined</div>	<div></div>

null Specify Other Body System/Site  
null  
null  
null

<div><input type="checkbox"/> Normal</div> <div><input type="checkbox"/> Abnormal</div>	<div></div>
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