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### PHYSICAL FORM

Patient Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#### GENERAL

Skin Within Normal Limits (WNL) YES NO \_\_\_\_\_  
Scars/Keloid: (WNL) NO YES \_\_\_\_\_  
Thyroid: Midline (WNL) YES NO \_\_\_\_\_ Masses NO YES \_\_\_\_\_

#### EAR, NOSE AND THROAT

(WNL) YES NO \_\_\_\_\_  
\_\_\_\_\_

#### CARDIOVASCULAR

Pulse \_\_\_\_\_ Regular/Irregular B.P. \_\_\_\_\_  
Peripheral pulses present YES NO \_\_\_\_\_  
Heart Sounds Regular Rate and Rhythm YES NO \_\_\_\_\_  
Murmurs NO YES \_\_\_\_\_ Gallops NO YES \_\_\_\_\_ Flutter NO YES \_\_\_\_\_

#### RESPIRATORY

Trachea: Midline YES NO \_\_\_\_\_ Masses NO YES \_\_\_\_\_  
Breath Sounds: Clear to Auscultation YES NO \_\_\_\_\_ Wheezing NO YES \_\_\_\_\_

#### ABDOMEN

Tenderness NO YES \_\_\_\_\_  
Visceromegaly NO YES \_\_\_\_\_  
Bowel Sounds + 4/All 4 Quadrants YES NO \_\_\_\_\_

#### NEUROLOGICAL

Cranial nerves II-XII Grossly Intact YES NO \_\_\_\_\_  
Pupils equally round and reactive to light and association YES NO \_\_\_\_\_  
Reflexes (WNL) YES NO \_\_\_\_\_

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#### BLOOD WORK

HIV Test: POSITIVE +      NEGATIVE -  
  
Hepatitis B: POSITIVE +      NEGATIVE -  
  
Hepatitis C: POSITIVE +      NEGATIVE -

Physician's Signature \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_