

PHYSICAL EXAMINATION

Visits 02 - 03

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1. ID NUMBER				
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2. DATE					
MONTH		DAY		YEAR	
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CLINICIAN NUMBER											
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LEGEND

* = Optional
 § = Further Evaluation

DIRECTIONS

USE NO. 2 PENCIL ONLY

Make dark mark that fills the circle completely.

Examples:

INCORRECT:	YES	NO
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CORRECT:	YES	NO
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Erase cleanly.
 Make no stray marks.
 Do not fold this sheet.

3. HEIGHT		
FEET	INCHES	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4. WEIGHT		
POUNDS		
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5. BLOOD PRESSURE Sitting, Right Arm					
SYSTOLIC			DIASTOLIC		
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§ 6. ORAL TEMPERATURE
 At least 30 minutes after smoking, eating, or drinking
 °F

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* 7. PULSE
 Beats in 30 seconds X 2

DONE NOT DONE

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* 8. RESPIRATION
 In 30 seconds X 2

DONE NOT DONE

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9. *APPEARANCE

Normal Abnormal

DONE

Abnormal Findings

NOT DONE

10. SKIN/HAIR/NAILS (Excluding genital area)

Normal Abnormal

NO YES

Lesions consistent with:

§ a. fungus infection

§ b. bullous impetigo

§ c. Kaposi's sarcoma

Tattoo present

Needle marks

Other

Please describe in box at right →

Empty box for describing skin findings.

11. EAR, NOSE, THROAT

Normal Abnormal (inspect tonsils)

§ a. Consistent with oral thrush/candidiasis NO YES
If yes, KOH negative or KOH positive NOT DONE

§ b. Consistent with herpetic lesions NO YES

§ c. Chancre present NO YES

d. Other NO YES
Please describe in box at right →

Empty box for describing ear, nose, and throat findings.

12. *EYES

Normal Abnormal

DONE

a. Conjunctiva

1) Redness NO YES

2) Discharge NO YES

b. Scleral icterus NO YES

c. Exudates

Hard

Soft

R NO YES NO YES

L NO YES NO YES

Did examiner dilate pupils? NO YES

d. Other NO YES

Please describe →

Empty box for describing eye findings.

DO NOT MARK IN THIS AREA

13. LYMPH NODES

If nodes are ENTIRELY normal, mark here →

		Nor- mal	Ab- nor- mal	For abnormal nodes at each site,																		COMMENT		Note tender, matted, etc. Comment below
				If discrete, give number									Give (average) diameter of node(s) in cm.									NO	YES	
Occipital	R	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	<input type="radio"/>	<input type="radio"/>	
	L	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	<input type="radio"/>	<input type="radio"/>	
Post. auricular	R	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	<input type="radio"/>	<input type="radio"/>	
	L	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	<input type="radio"/>	<input type="radio"/>	
Pre-auricular	R	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	<input type="radio"/>	<input type="radio"/>	
	L	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	<input type="radio"/>	<input type="radio"/>	
Submental/ submandibular	R	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	<input type="radio"/>	<input type="radio"/>	
	L	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	<input type="radio"/>	<input type="radio"/>	
Ant. cervical	R	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	<input type="radio"/>	<input type="radio"/>	
	L	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	<input type="radio"/>	<input type="radio"/>	
Post. cervical	R	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	<input type="radio"/>	<input type="radio"/>	
	L	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	<input type="radio"/>	<input type="radio"/>	
Supraclavicular	R	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	<input type="radio"/>	<input type="radio"/>	
	L	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	<input type="radio"/>	<input type="radio"/>	
Axillary	R	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	<input type="radio"/>	<input type="radio"/>	
	L	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	<input type="radio"/>	<input type="radio"/>	
Epitrochlear	R	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	<input type="radio"/>	<input type="radio"/>	
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Inguinal	R	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	<input type="radio"/>	<input type="radio"/>	
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Femoral	R	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	<input type="radio"/>	<input type="radio"/>	
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14. *CHEST AND LUNGS

Normal Abnormal

DONE

NOT DONE

Abnormal Findings: _____

15. *HEART

Normal Abnormal

DONE

NOT DONE

Abnormal Findings: _____

MAKE NO STRAY MARKS

16. ABDOMEN

Normal Abnormal

Empty box for notes with horizontal lines.

§ a. Liver

Percussed size in mid-clavicular line

§ b. Spleen (Rt. lateral decubitus, flexed knees/hips) Palpable on inspiration below left costal margin

NO YES

Size below LCM

c. Other NO YES Please describe

CM

CM

CM

CM

CM

CM

CM

CM

CM

CM

CM

CM

CM

17. ANAL/RECTAL EXAMINATION

Normal Abnormal

Empty box for notes with horizontal lines.

a. Discharge

§ 1) bloody

§ 2) mucous

§ 3) purulent

§ b. Herpetic lesions

§ c. Warts

* d. Prostate

enlarged

tender

§ e. Digital exam

tender anal canal

f. Hemorrhoids, external

§ g. Laceration/Fissure/Fistula

h. Scarring

i. Other - please describe

NO YES

DONE NOT DONE

18. GENITALIA

Normal Abnormal

Empty box for notes with horizontal lines.

§ a. Penile discharge

watery

purulent

bloody

§ b. Skin

1) Chancre

tender

2) Warts

3) Herpetic lesions

4) Scabies

c. Other - please describe

NO YES

19. *EXTREMITIES

Normal Abnormal

Describe abnormalities

DONE

NOT DONE

20. *NEUROLOGIC EXAM

Normal Abnormal

DONE

NOT DONE



DO NOT MARK IN THIS AREA

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