

Body Chart

Patient Information	
Name:	Gender:
Date of Birth:	Phone Number:
Address:	
Emergency Contact:	Relationship to Patient:

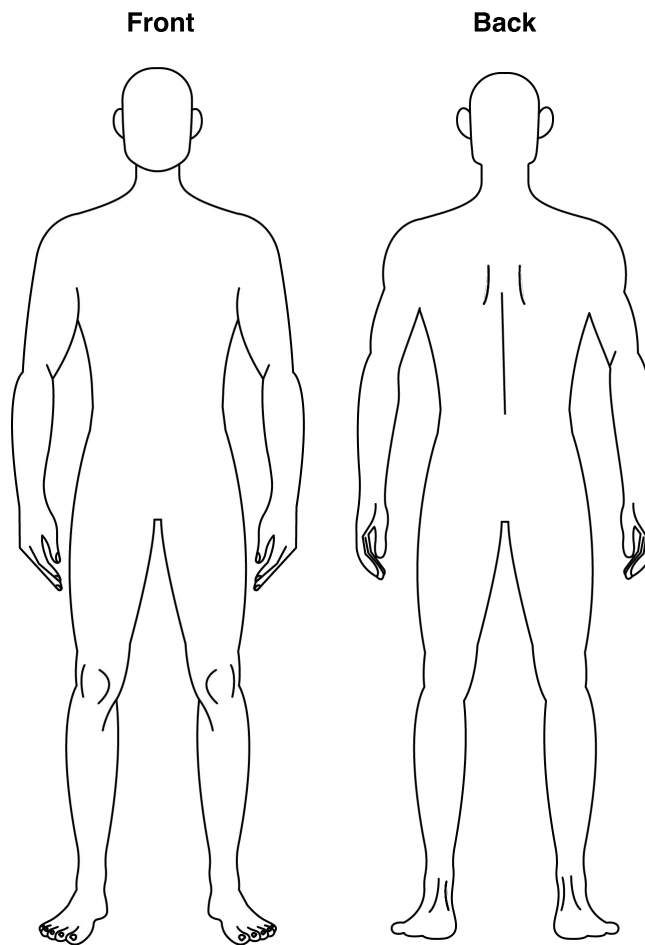


Image by [Freepik](#)

Body Part	Description of Area	Observations or Issues	Remarks
Head	Forehead, temples, and scalp		
Eyes	Eyelids, pupils, and sclera		

Body Part	Description of Area	Observations or Issues	Remarks
Ears	External and internal		
Nose	External and internal		
Mouth/Throat	Lips, gums, tongue, throat		
Neck	Front and back		
Chest	Front and sides		
Abdomen	Upper and lower		
Back	Upper and lower		
Arms	Shoulders, upper and lower		
Hands	External and internal		
Pelvis/Genitals	Pelvic area		
Legs	Thighs, knees, calves		
Feet	Tops and soles		

Notes/Remarks

Healthcare Provider Information

Doctor's Signature:

Doctor's Name:

Clinic/Hospital Name:

Contact Information: