

Male Physical Exam

Patient Information:

- Name:
- Age:
- Date of Birth:
- Date of Exam:

Vital Signs:

- Blood Pressure:
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- Heart Rate:
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- Respiratory Rate:
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- Temperature:
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General Appearance:

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Skin:

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Head and Neck:

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Eyes:

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Ears, Nose, and Throat:

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Cardiovascular:

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Respiratory:

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Gastrointestinal:

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Musculoskeletal:

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Neurological:

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Genitourinary:

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Results and Interpretation:

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Additional Notes:

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Conclusion:

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