

# Normal Physical Exam

Patient information				
Name:		Date of birth:		
Patient number:		Gender:		
Contact information:		Date of examination:		
Vitals				
Temperature:				
Blood pressure:				
Heart rate:				
Respiratory rate:				
SPO2:				
Category	Not examined	Normal	Abnormal	Remarks
General appearance				
Head/ear/nose/throat				
Mouth/speech				
Cardiovascular				
Vascular				
Lungs and chest				
Abdomen and viscera				
Lymphatic				
Back/spine				
Extremities/joints/ endocrine				
Genito-urinary				
Skin				
Locomotor				
Neurological system				
Gait				
Psychiatric				

**Notes/recommendations**

Healthcare practitioner's name:

Designation:

Signature:

Date of examination: