

Physical Exam & Health Assessment

Name of the Patient: _____

Age: _____

Vital Signs:

- Blood Pressure
- Heart Rate
- Respiratory Rate
- Temperature
- Oxygen Saturation
- Not Checked

Questions:

Any history of high or low blood pressure?

Do you experience any shortness of breath or difficulty breathing?

Any recent changes in temperature or fever?

General Appearance:

- Level of Consciousness
- Body Habitus
- Signs of Distress
- Hydration Status
- Not Checked

Questions:

Have you experienced any recent changes in energy levels?

Are you currently experiencing any pain or discomfort?

Any concerns about changes in weight?

Skin:

- Color
- Temperature
- Moisture
- Lesions or Abnormalities
- Not Checked

Questions:

Any history of skin conditions or allergies?

Any recent changes in moles or skin abnormalities?

Head, Eyes, Ears, Nose, and Throat (HEENT):

- Head Shape and Symmetry
- Eye Inspection and Pupillary Response
- Hearing Assessment
- Nasal Inspection
- Oral Cavity Inspection
- Not Checked

Questions:

Any recent headaches or changes in vision?

Do you experience any hearing loss or ringing in the ears?

Any difficulty swallowing or throat pain?

Neck:

- Range of Motion
- Lymph Node Assessment
- Thyroid Gland Palpation
- Not Checked

Questions:

Any history of neck pain or stiffness?

Integumentary System:

- Inspection of Nails
- Hair Distribution
- Assessment of Skin Turgor
- Not Checked

Questions:

Any history of skin conditions like eczema or psoriasis?

Notice any changes in hair growth or nail abnormalities?

Plan and Recommendations:

- Follow-up Appointments
- Laboratory or Diagnostic Tests
- Treatment Plan
- N/A