DOCUMENTATION OF A PHYSICAL EXAMINATION

The physical examination shall include:

(a) rule out infectious disease, pulmonary, liver, and cardiac abnormalities, and dermatology sequelea of addiction; and

(b) include a determination of the patient’s vital signs (temperature, pulse, blood pressure, and respiratory rate); a medical examination of the head, ears, eyes, nose, throat (thyroid), chest (including heart, lungs, and breasts), abdomen, extremities, skin, and neurological assessment; and the physician’s overall impression of the patient.

Please check the items completed during the exam of ______________________________________:  

Name of Patient

_____ Physical  _____ STD test
_____ TB test  _____ Measles test
_____ Chicken pox test  _____ Hepatitis A test
_____ Lice (head) test (optional)  _____ Hepatitis B test
_____ Lice (body) test (optional)  _____ Hepatitis C test
_____ Birth control discussed  _____ Rubella
_____ Contagious Conditions
_____ Other

☐ Follow-up needed

Date of next appointment _____________________

Medications prescribed (include dose and frequency) ______________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Physician’s comments_____________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Date: ____________________________

________________________       __________________________
Signature of Patient (optional)  Signature of Health Provider