

# Adult Physical Examination Form

## Patient Information

Full Name

Date of Birth

Sex

Exam Date

Provider Name

Medical Record #

## Vital Signs

Height

Weight

BMI

Blood Pressure

Pulse

Temperature

Respiration

## General Appearance

Appearance, distress, hygiene, etc.

## Physical Examination

Head and Neck

Eyes

Ears/Nose/Throat

Cardiovascular

Respiratory	
Abdomen	
Musculoskeletal	
Skin	
Neurological	
Psychiatric	

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**Assessment & Plan**

Summary, diagnoses, plan, recommendations

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**Provider Signature**

Signature	
Date	