

Preventive Care Physical Exam Record

Patient Information

Full Name

Date of Birth

Gender

Exam Date

Vital Signs

Height (cm)

Weight (kg)

Blood Pressure (mmHg)

Pulse (bpm)

Temperature (°C)

Respiration (per min)

Medical History

Brief Medical History

Lifestyle & Social History

Smoking Status

Alcohol Use

Physical Activity

Physical Examination

System	Findings
General Appearance	
Head / Eyes / ENT	
Neck / Thyroid	
Cardiac	
Lungs	
Abdomen	
Musculoskeletal	
Neurological	
Skin	

Preventive Screening

Vaccines Up-to-date

Relevant Screenings (e.g., Pap, Mammogram, Colonoscopy)

Assessment

Summary/Assessment

Plan & Recommendations

Recommendations / Follow-Up

Provider Name

Signature