

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