Primary Care Physical Examination Documentation

Patient Information

Name

Date of Birth

Exam Date

Vital Signs

Blood Pressure

e.g. 120/80 mmHg

Pulse

e.g. 72 bpm

Temperature

e.g. 98.6Â°F

Respiratory Rate

e.g. 16/min

Height

e.g. 170 cm

Weight

e.g. 70 kg

BMI

General Appearance

HEENT

Head, Eyes, Ears, Nose, Throat

Neck

Cardiovascular

Respiratory

Abdomen

Musculoskeletal

Neurologic

Skin

Assessment/Plan