

Patient Report

Patient Information

Last Name:
First Name:
DoB:
Examination Date:

Medical History

Medical Conditions and History

Current Medications

Testing

Height
Weight
Pulse rate
Pulse Rhythm Regular?: Y / N
Blood pressure (seated) Systolic:_____ Diastolic:_____
Hearing Aids? No / Left / Right / Both

Lab Results

Notes

Physical Examination

Are the following normal without unusual features? (Yes / No)

General

Ears, Nose, Throat (ENT)

Mouth

Speech

Audiogram Normal

Cardiovascular

Vascular system

Lungs & Chest

Abdomen and viscera (including hernia)

Lymphatic system (spleen, lymph nodes)

Back/Spine

Extremities/Joints

Endocrine

Genito-urinary

Skin

Locomotor

Neurological System (including reflexes)

Gait

Psychiatric

Urinalysis

Notes

Name of Examining Doctor (printed):

Signature:

Date: