Physical Exam

Name of Patient: _____

MEASUREMENTS

Height: _____
Head Circumfrence: _____
Leg Length:
Right: _____ Left: _____
Arm Length:
Right: _____ Left: _____

WEIGHT: _____

RESTING HEART RATE: (circle) 75bmp good 120bpm high 50bpm low

BLOOD PRESSURE: (circle) 120/80 good 140/95 high 110/67 low

CHECK EACH AREA

THROAT: (circle)
Swollen Left Tonsil Red Bumps
Swollen Right Tonsil White Bumps
Both Tonsils Swollen Healthy

LUNGS: (circle)
Wheezy Difficulty Breathing
Asthmatic Congested (Wet)
Coughing Healthy

LEFT EYE: (circle)
Red Swollen
Pink Eye Stye
Watery Healthy

RIGHT EYE: (circle)
Red Swollen
Pink Eye Stye
Watery Healthy

LEFT EAR: (circle)
Hearing Loss
Fluid Red
Swollen Healthy

RIGHT EAR: (circle)
Hearing Loss
Fluid Red
Swollen Healthy

NOTES:

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