

COMPREHENSIVE PHYSICAL EXAM

Blood pressure ____ / ____ / ____ Height ____ Weight ____
 Visual Acuity (C.N. II)

___ 1 Impaired peripheral vision	Rt. eye	Uncorrected	Corrected
		20/ ____	20 / ____
	Lt. eye	20/ ____	20 / ____

HEENT and SKIN (check abnormalities / dysfunction)

1. Head

___ 1 Masses/lumps	___ 4 Abnormal size vs body	___ 7 NORMAL
___ 2 Asymmetry	___ 5 Hair loss	
___ 3 Scalp infections / lesions	___ 6 Other _____	

2. Eyes

External Exam

___ 1 Alignment	___ 5 Brows, Lids	___ 8 Conjunctive
___ 2 Lacrimation	___ 6 Sclera	___ 9 Cornea
___ 3 Iris	___ 7 Pupils	___ 10 Direct light reaction
___ 4 Consensual light reaction		

E.O.M. (C.N. III, IV, V)

___ 11 Cardinal fields of gaze	___ 12 Confrontation fields (lens convergence)
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Ophthalmoscope exam

___ 13 Media	___ 15 Other _____	___ 16 NORMAL
___ 14 Fundus (discs, vessels, macula, retina)		

3. Ears

___ 1 External ear	___ 6 Ear canal	___ 10 Weber test
___ 2 Inflammation	___ 7 TM joints	___ 11 Other _____
___ 3 Exudate	___ 8 Impaired auditory acuity	
___ 4 Rinne Test	(C.N. VIII)	___ 12 NORMAL
___ 5 Ear drum	___ 9 Excess cerumen	

4. Nose

___ 1 Patency	___ 4 Turbinates	___ 7 Other _____	___ 8 NORMAL
___ 2 Septum	___ 5 Sinuses		
___ 3 Mucosa	___ 6 Discharge		

5. Mouth

___ 1 Cavities	___ 4 C.N. IX. (gag, swallow	___ 6 Information
___ 2 Bridges	cough, talk)	___ 7 Other _____
___ 3 Gums	___ 5 False teeth	___ 8 NORMAL

6. Skin

___ 1 Fungus	___ 6 Acne	___ 11 Edema
___ 2 Staph	___ 7 Rash	___ 12 Other _____
___ 3 Cuts/scars	___ 8 Texture/turgor	___ 13 NORMAL
___ 4 Burns	___ 9 Athlete's foot	
___ 5 Herpes	___ 10 Lesions	

THORAX (check abnormalities/dysfunctions)

1. Inspection:

___ 1 Asymmetry	___ 3 Other _____	___ 4 NORMAL
___ 2 Scars		

2. Palpation

___ 1 Masses/lumps	___ 2 Other _____	___ 3 NORMAL
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3. Percussion

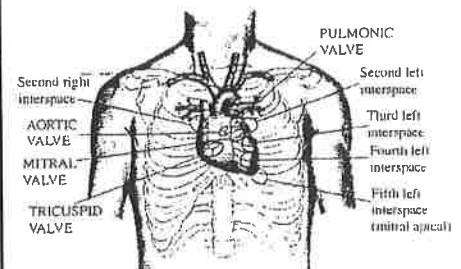
___ 1 Restricted Excursion	___ 3 Other _____	___ 4 NORMAL
___ 2 Incoming filling		

4. Auscultation

Lungs		
___ 1 Rales	___ 3 Wheezes	___ 5 NORMAL
___ 2 Ronchi	___ 4 Other _____	

Heart

___ 6 Murmurs	___ 9 Friction rub / hum	___ 12 Other _____
___ 7 Enlargement	___ 10 Displaced PMI	
___ 8 Abnormal/rhythm	___ 11 Asynchrony with peripheral pulses	___ 13 NORMAL



PULSE (check if diminished/absent)

- 14 Garoted
- 15 Femoral
- 16 Aorta
- 17 Synchrony with heart beat
- 18 Radial
- 19 Other _____
- 20 NORMAL

BREAST

Female

- 1 Size
- 2 Masses
- 3 Nipples
- 4 Discharge
- 5 Tenderness
- 6 NORMAL

Male

- 1 Cyneconnasta
- 2 Masses
- 3 Tenderness
- 4 NORMAL

LYMPHATICS (check abnormalities/dysfunctions)

- 1 Cervical (ant and post)
- 2 Supraclavicular
- 3 Auxiliary
- 4 Femoral
- 5 Suboccipital
- 6 Other _____
- 7 NORMAL

ABDOMEN

- 1 Decrease/absent reflex (umbilical deviation)
- 2 Abnormal bowel sound
- 3 Absent bowel sounds
- 4 Rigidity
- 5 Spleen enlargement
- 6 Kidney pain
- 7 Distension
- 8 Liver enlargement
- 9 Tenderness

MALE GENITALIA

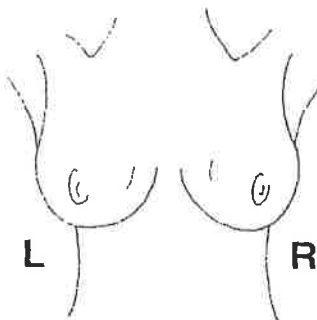
- 1 Penile lesions
- 2 Testicular masses
- 3 Hydrocele
- 4 Penis discharge
- 5 Impaired/absent cremasteric reflex
- 6 Hernia
- 7 Prostate
- 8 Undescended testicle(s)
- 9 Other _____
- 10 NORMAL

FEMALE GENITALIS

- 1 Vulva
 - 2 Cervix
 - 3 Discharge
 - 4 Cystocele Rectocele
 - 5 Adnexae
 - 6 Uterus Size
 - 7 Pap
 - 8 Other _____
 - 9 NORMAL
- Conf. & position _____ Date _____

ANAL / RECTAL

- 1 Stool
- 2 Abscesses
- 3 Fissures/Fistual
- 4 Surface Lesions
- 5 Hemorrhoids
- 6 NORMAL



NEUROLOGICAL (check abnormalities / dysfunctions)

1. 1 Impaired mental status
 - 2 C.N.V.
 - 3 Clinch teeth
 - 4 Corneal reflex
 - 5 Blinking
 - 6 Impaired speech
 - 7 C.N. XI
 - 8 Shoulder shrug
 - 9 Head movements against pressure
 - 10 C.N. VII
 - 11 Raise eyebrows
 - 12 Frown
 - 13 Cinch eyes and don't allow opened
 - 14 Show teeth
 - 15 Smile
 - 16 Puff cheeks
 - 17 Tighten platysma
 - 18 C.N. XII
 - 19 Stick out tongue
 - 20 Deviation
 - 21 Fasciculation
 - 22 Incoordination
 - 23 Finger to nose
 - 24 Rapid hand flops
 - 25 Rapid foot pat
 - 26 Finger to thumb in sequence
 - 27 Cerebellar dysfunction
 - 28 Hop on one foot in place
 - 29 Shallow knee bend 1 at a time
 - 30 Walk on toes
 - 31 Walk on heels
 - 32 Tremor
 - 33 Impaired sense of touch (sharp & blunt testing)
 - 34 Impaired stereognostic
 - 35 Other _____
 - 36 NORMAL
2. Reflexes (check if diminished or absent)
 - 1 Biceps
 - 2 Quadriceps (patellar)
 - 3 Triceps
 - 4 Soleus (achilles)
 - 5 Babinski
 - Hoffman's
 - 7 Other _____
 - 8 NORMAL

MUSCULOSKETAL (Osteopathic 10 Step Screening)

- (check difficulties / abnormalities)
- 1 Gait and posture
 - 2 Standing Lateral Flexion
 - 3 Standing Flexion
 - 4 Seated Flexion
 - 5 Seated Cervical
 - 6 Seated Trunk Rotation
 - 7 Seated Lateral Flexion

8. Upper Extremity Testing

	1 R.O.M.	2 Weakness	3 Asymmetry	4 Inflammation	5 Normal
<input type="checkbox"/> 1 Neck	_____	_____	_____	_____	_____
<input type="checkbox"/> 2 Shoulders	_____	_____	_____	_____	_____
<input type="checkbox"/> 3 Elbows	_____	_____	_____	_____	_____
<input type="checkbox"/> 4 Wrists	_____	_____	_____	_____	_____
<input type="checkbox"/> 5 Hands	_____	_____	_____	_____	_____
<input type="checkbox"/> 6 Fingers	_____	_____	_____	_____	_____
<input type="checkbox"/> 7 Other _____	_____	_____	_____	_____	_____

9. Back and Ribs

- 1 Asymmetry
- 2 Scoliosis
- 3 Restriction
- 4 Other _____
- 5 NORMAL

10. Lower Extremity Testing

	1 R.O.M.	2 Weakness	3 Asymmetry	4 Inflammation	5 Normal
<input type="checkbox"/> 1 Hips	_____	_____	_____	_____	_____
<input type="checkbox"/> 2 Legs	_____	_____	_____	_____	_____
<input type="checkbox"/> 3 Knees	_____	_____	_____	_____	_____
<input type="checkbox"/> 4 Ankles	_____	_____	_____	_____	_____
<input type="checkbox"/> 5 Feet	_____	_____	_____	_____	_____
<input type="checkbox"/> 6 Other _____	_____	_____	_____	_____	_____

