Physical Exam

TruCare Internal Medicine & Infectious Diseases

Visit Date: ___ / _____ / 2 0 ___

Vital Signs: Temp
Pulse BP Resp

CATEGORY	NORMAL OR ABNORMAL	IF ABNORMAL, DESCRIBE BELOW
General Appearance	☐Normal ☐Abnormal	
HEENT	☐Normal ☐Abnormal	
Neck	☐Normal ☐Abnormal	
Chest and Lungs	☐Normal ☐Abnormal	
Cardiovascular	☐Normal ☐Abnormal	
Abdomen	☐Normal ☐Abnormal	
Musculoskeletal	☐Normal ☐Abnormal	
Lymph Nodes	☐Normal ☐Abnormal	
Extremities/Skin	☐Normal ☐Abnormal	
Neurological	☐Normal ☐Abnormal	
Other:________	☐Normal ☐Abnormal	

PHYSICIAN SIGNATURE: ______________________ DATE SIGNED ___ ___ / ___ ___ ___ / 2 0 ___ ___
d d m m m y y y y