

**General Multi-System Physical Examination**

**(Problem Focused 1-5, Exp Problem Focused 6, Detailed 12, Comprehensive - 18 (2 from each of 9 areas))**

<b>Constitutional (3/6)</b>	P _____ T _____ BP _____ Wt _____ Ht _____ Resp _____		
	General Appearance		
		Normal	Positive Findings
<b>Eyes</b>	Conjunctiva / Lids		
	Pupils / Irises		
	Optic Discs		
<b>ENT</b>	External		
	Otoscopic Exam		
	Hearing		
	Mucosa, Septum, Turbinates		
<b>Neck</b>	Neck		
	Thyroid		
<b>Respiratory</b>	Respiratory effort		
	Percussion of chest		
	Palpation of chest		
	Auscultation of lungs		
<b>Cardiovascular</b>	Palpation of heart		
	Auscultation of heart		
	Carotid arteries		
	Abdominal aorta		
	Femoral arteries		
	Pedal pulses		
	Edema / varicosities		
<b>Chest (Breasts)</b>	Inspection of Breasts		
	Palpation of Breasts		
<b>Gastrointestinal</b>	Abdomen		
	Liver and Spleen		
	Hernia		
	Anus, perineum, rectum		
	Hemoccult		
<b>Genitourinary Male</b>	Scrotal contents		
	Penis		
	Rectal / prostate		
<b>Genitourinary Female</b>	Pelvic		
	External Genitalia		
	Urethra		
	Bladder		
	Cervix		
	Uterus		
	Adnexa /parametria		
<b>Lymphatic</b>	Neck		
	Axillae		
	Groin		
	Other		
<b>Musculoskeletal</b>	Gait and station		
	Digits and nails		
	Joints/bones/muscles 1>areas: Inspection / palpation		
	Range of motion		
	Stability		
	Muscle strength and tone		

		Normal	Positive Findings
<b>Skin</b>	Inspection		
	Palpation		
<b>Neurologic</b>	Cranial nerves		
	Deep tendon reflexes		
	Sensation		
<b>Psychiatric</b>	Description judgment / insight		

**General Multi-System Physical Examination**

	Mental Status:		
	Orientation		
	Memory		
	Mood and affect		

**Tests Ordered or Reviewed:**

	Ordered	Reviewed
UA		
CBC		
Glucose		
Cholesterol		
Hemoccult		
Pap		
KOH		
Saline		
Chlamydia/GC		
URDL / VDRL		
HIV		
Other:		

<b>Radiology Studies:</b>	Ordered	Reviewed
Mammogram		
Other		

**Request Records:** \_\_\_\_\_  
**Review Records:** \_\_\_\_\_

**Assessment:**

\_\_\_\_\_  
 \_\_\_\_\_  
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**Plan:**

\_\_\_\_\_  
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F/U \_\_\_\_\_ Examiner \_\_\_\_\_

**Exception Clinic:**  
 I have reviewed this case with Dr. \_\_\_\_\_ and agree with the above evaluation and plan.

MEDICARE ONLY <input type="checkbox"/> GC - Supervision of Resident <input type="checkbox"/> GE - Primary Care Exception Clinic <input type="checkbox"/> No Modifier - Teaching Physician Only
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Faculty: \_\_\_\_\_