



MACOMB

Well Adult Physical Examination

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date/Time: \_\_\_\_\_
Chief Complaint: \_\_\_\_\_ PFSH: \_\_\_\_\_

BP: \_\_\_\_\_ HT: \_\_\_\_\_ Temp: \_\_\_\_\_ LMP: \_\_\_\_\_
Pulse: \_\_\_\_\_ WT: \_\_\_\_\_ Resp: \_\_\_\_\_ BMI: \_\_\_\_\_

REVIEW OF SYSTEMS (Need 10+)

Check box for present symptoms

- CONST: Fever, Chills, Fatigue, Weight change
EYES: Itching, Burning, Vision change, Discharge
ENT: Sore Throat, Hoarse, Nosebleed, Ear Pain, Congestion, Drainage nasal
RESP: SOB, Cough, Sputum, Wheeze
CARD: Chest Pain, Palpitations, Edema, DOE
GI: Abdominal pain, N, V, Heartburn, Dysphagia, Constipation, Diarrhea, Blood/tarry stool
GU: Frequency, Burning, Itching, Discharge
MS: Pain/Stiff/Swelling: Back, Neck, Joint
H-L: Bleeding, Bruising, Enlarged nodes
ENDO: Thirst, Cold/heat intolerance, Night sweats
SKIN: Skin rash, Lesions, Ulcers
PSYCH: Depression, Anxiety, Sleep problems
NEURO: Headache, Numbness, Tingling, Dizziness
IMM: Allergy, Rhinorrhea, Sneezing, Asthma
All Other Systems Negative

Impression:

Blank lines for writing impression

Follow-Up: \_\_\_\_\_ Days \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

PHYSICAL EXAMINATION (NEED 2 FROM 9)

Check box for normal findings (except as noted)

- CONST: Well developed, well nourished, no acute distress
EYES: PERRL, Sclera clear and white, No petechiae or jaundice
ENT: Tympanic membranes normal, External auditory canals normal, Nasal mucosa and turbinates pink, septum midline, No polyps, Gums pink, Oral mucosa pink and moist, Gag reflex present, Oral pharynx normal
NECK/LYMPH: Supple, No Thyromegaly, No JVD, No bruits, No lymphadenopathy
RESP: Clear to auscultation bilaterally, No wheeze, No dullness or hyper resonance, Respiration non-labored
CARD: RRR, No murmurs, rubs or gallops, Normal S1S2
ABDOMEN: Soft and non-tender, No palpable organomegaly, +BS
MUSCULO: No atrophy or weakness, Joints intact, Normal gait
EXTREMITIES: No clubbing or cyanosis, No edema
SKIN: No rashes, lesions or ulcers, Warm and dry, normal turgor
NEURO/PSYCH: A&O x3, Normal mood, Symmetric DTR's
GU-Male: Normal testicular exam, Normal exam of penis, Normal prostate exam
GI: Rectal exhibits normal sphincter tone, no hemorrhoids, Masses or gross blood
GU-Female: Ext. genitalia and vagina, Cervix, Uterus, No adnexal masses
BREAST: No masses, nodes or tenderness, No dimpling or discharge

Plan: \_\_\_\_\_
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- Patient verbalizes understanding of treatment plan.
Educational materials given Re: Falls, Nutrition
Weeks \_\_\_\_\_ Months \_\_\_\_\_

WELL ADULT PHYSICAL EXAM

<b>INTERNAL MEDICINE</b>	<p data-bbox="836 1900 1518 1942"><input type="checkbox"/> I reviewed the history, physical exam, diagnosis, and plan with the Intern/Resident and agree with the above. Any amendments or corrections are indicated to the right.</p> <p data-bbox="836 1732 1518 1774"><input type="checkbox"/> I personally interviewed and examined the patient today. The key portions I identified are as indicated to the right.</p>	
<p data-bbox="235 1900 779 1942">Additional Findings and/or Recommendations:</p>	<p data-bbox="941 1554 1518 1596">Teaching Physician Signature / Date: /Time:</p>	