

Genitourinary Physical Examination

Name: _____ BD: _____ Dr. _____

Phone: _____ Work #: _____ Account #: _____

Allergies: _____

Systems/Body Areas ↳ Bulleted Elements	Content of Work Physical Assessment Data
<p><i>Constitutional</i> ↳ Vital Signs:</p> <p>↳ General Appearance: _____ Normal</p>	<p>Select any three (3) vital signs: BP (sitting) _____ T _____ P _____ R _____ HT _____ WT _____</p> <p>Development: _____ Nutrition: _____ Deformities: _____ Grooming: _____</p>
<p><i>Neurological/Psychiatric</i> ↳ Orientation:</p> <p>↳ Mood & Affect: _____ Normal</p>	<p>Time _____ Place _____ Person _____ Other _____</p> <p>Depression _____ Anxiety _____ Agitation _____</p>
<p><i>Skin</i> ↳ Inspection and/or palpation: _____ Normal</p>	<p>Pale _____ Jaundice _____ Cyanosis _____ Turgor _____</p> <p>Hydration _____ Texture _____ Rash _____ Lesions _____</p>
<p><i>Neck</i> ↳ Neck: _____ Normal</p> <p>↳ Thyroid: _____ Normal</p>	<p>Symmetry _____ Swelling _____ Tenderness _____</p> <p>Size _____ Tenderness _____ Nodules _____</p>
<p><i>Respiratory</i> ↳ Respiratory Effort: _____ Normal</p> <p>↳ Auscultation: _____ No Abnormalities</p>	<p>Labored _____ Diaphragmatic _____ Abdominal _____</p> <p>Rales _____ Rhonchi _____ Wheezes _____ Rubs _____</p>
<p><i>Cardiovascular</i> ↳ Auscultation: _____ No Abnormalities</p> <p>↳ Peripheral: _____ No Abnormalities</p>	<p>Rhythm: _____ Murmurs: _____ Rubs: _____</p> <p>Other: _____</p> <p>Swelling: _____ Varicosities: _____ Pedal Pulse: _____ Temperature: _____</p> <p>Tenderness: _____ Other: _____</p>
<p><i>Lymphatic</i> ↳ Palpation: _____ No Abnormalities</p>	<p>Two (2) or More</p> <p>Neck: Size _____ Tenderness _____</p> <p>Axillae: Size _____ Tenderness _____</p> <p>Groin: Size _____ Tenderness _____</p> <p>Other: Size _____ Tenderness _____</p>

[continued on next page. . .]

Patient Name:

Date of Birth:

