

PHYSICAL EXAMINATION

NAME:	DOB	Date
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Gen. Appearance			
Height	Weight	Pulse	Reg./Irreg.
Blood Pressure 1)	2)	Schlotz Tonometry	R- L-

Hearing Screen:	Hz 500	Hz 1000	Hz 2000	Hz 4000
Right				
Left				
Color Blind				
Visual Field:				

VISION		Right	Left
Distant	w/glasses	20/	20/
	wo/glasses	20/	20/
Near	w/glasses		
	wo/glasses		

Normal	Check each item in appropriate column. (Enter NE if not evaluated)	Ab-normal	Note: Describe every abnormality in detail, center applicable item number before each comment. Use extra sheets if necessary and attach to this form.
	13. Head, face, neck and scalp		
	14. Nose and sinuses		
	15. Teeth, (Condition or dentures)		
	16. Mouth and throat		
	17. Ears, general <small>(Internal and external canals) (Auditory acuity - Item 18)</small>		
	18. Drums (Perforation or infection)		
	19. Eyes, general (Visual acuity - Item 12)		
	20. Ophthalmoscopic		
	21. Pupils (Equality and reaction)		
	22. Ocular motility <small>(Associated parallel movement, nystagmus)</small>		
	23. Lungs (rales, rhonchi)		
	24. Heart (Thrust, size, rhythm, sounds)		
	25. Vascular system (Include peripheral pulses)		
	26. Abdomen and viscera		
	27. Hernia		
	28. Anus and rectum (Hemorrhoids, fistula, Prostate)		
	29. Endocrine system		
	30. G-U System		
	31. Upper and lower extremities <small>(Strength, range of motion)</small>		
	32. Spine, other musculoskeletal <small>(Deformities, amputations)</small>		
	33. Identifying body marks, scars, tattoos		
	34. Skin and lymphatics		
	35. Neurologic <small>(Tendon reflexes, equilibrium, senses, coordination, gait, Romberg)</small>		
	36. Psychiatric (Specify any personality deviation)		
	37. General systemic		
	38. Any evidence of drug or alcohol abuse		

LAB:

REMARKS:

EXAMINATION CERTIFICATION

I Doctor	have examined
Family Practice Associates of Corpus Christi at 3901 S. Alameda, Suite 205	Corpus Christi, Texas 78411 (361) 882-8231
Applicant's Signature	Doctor's Signature
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