

Physical Examination Checklist

Patient Name:

Date:

Examiner:

Age:

Gender:

General Appearance

☐ Alert ☐ Oriented ☐ No Distress ☐ Well-nourished

Vital Signs

Blood Pressure:

e.g., 120/80 mmHg

Heart Rate:

Respiratory Rate:

Temperature:

°C or °F

Weight:

kg or lbs

Height:

cm or in

Head and Neck

☐ Normocephalic ☐ Atraumatic ☐ No Lymphadenopathy ☐ Thyroid Normal

Chest/Lungs

☐ Clear to auscultation ☐ No wheezes ☐ No rales ☐ Regular breathing

Heart

☐ Regular rate/rhythm ☐ No murmurs ☐ No gallop ☐ No rub

Abdomen

☐ Soft ☐ Non-tender ☐ No masses ☐ No organomegaly

Extremities

☐ Full ROM ☐ No clubbing ☐ No cyanosis ☐ No edema

Neurological

☐ Alert ☐ Oriented ☐ Cranial nerves grossly intact ☐ Motor grossly intact

Other / Notes

Add any additional findings or notes here...