

Heart to Heart Healthcare Center

Physical Examination

Name: _____

Temp___ Pulse___ Resp___ BP___ Wt___ Ht ft in. ___

General Health: _____

Skin: _____

HEENT: _____

Neck: _____

Thorax/Lungs: _____

Heart: _____

Abdomen: _____

Nodes: _____

Musculoskeletal: _____

Vascular: _____

Neuro: _____

History or evidence of arthritis in any joints?

Any restrictions of his/her ability to lift residents?

Date

Physician

*WNL=within normal limits