

Lawrence Family Medicine

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Physical Assessment Form

Patient _____

Date of Birth _____

	Normal	Abnormal	Comments
Vital Signs			
Blood pressure			
Heart Rate			
Height			
Weight			
BMI			

Physical Exam			
General			
HEENT			
Neck			
Lungs			
Heart			
Abdomen			
GENT			
BJE			
Skin			
Neuro			
Psyc			

Active Medical Problems

Medications

Allergies

General Comments

I have examined the above patient and have performed their physical assessment

Signature

Date