

# Lawrence Family Medicine

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## Physical Assessment Form

Patient \_\_\_\_\_

Date of Birth \_\_\_\_\_

	Normal	Abnormal	Comments
<b>Vital Signs</b>			
Blood pressure			
Heart Rate			
Height			
Weight			
BMI			

<b>Physical Exam</b>			
General			
HEENT			
Neck			
Lungs			
Heart			
Abdomen			
GENT			
BJE			
Skin			
Neuro			
Psyc			

**Active Medical Problems**

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**Medications**

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**Allergies**

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**General Comments**

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

Signature \_\_\_\_\_

Date \_\_\_\_\_