

## PHYSICAL EXAMINATION: SENIOR

Patient Name : \_\_\_\_\_ File no : \_\_\_\_\_ Date : \_\_\_\_\_

Student : \_\_\_\_\_ Signature : \_\_\_\_\_

**VITALS:**

Pulse rate:		Respiratory rate:	
Blood pressure:	R	L	Medication if hypertensive:
Temperature:		Height:	
Weight:	Any recent change? Y / N	If Yes: How much gain/loss	Over what period

**GENERAL EXAMINATION:**

General Impression	
Skin	
Jaundice	
Pallor	
Clubbing	
Cyanosis (Central/Peripheral)	
Oedema	
Lymph nodes	Head and neck
	Axillary
	Epitrochlear
	Inguinal
Pulses	
Urinalysis	

**SYSTEM SPECIFIC EXAMINATION:**

CARDIOVASCULAR EXAMINATION

RESPIRATORY EXAMINATION

ABDOMINAL EXAMINATION

NEUROLOGICAL EXAMINATION

COMMENTS

NEUROLOGICAL EXAMINATION: See Regionals

Clinician:

Signature :

