

PHYSICAL EXAMINATION

PHYSICAL EXAMINATION Medical Record

DATE OF EXAM	HEIGHT		WEIGHT	TEMPERATURE PULSE BLOOD
- · - · · ·		AVERAGE	MAXIMUM	RESENT
				Notes/Description
	MALE	EXAMINATIO	N	
External Ger	nitals			ureter seminal vesicle
		Mass	Size	bladder
			Location	rectum
		Discharge	Description	prostate gland vas deferen
				Vas deletell
		Lesions	Inflammatio	penis
				epididymus
		E EXAMINATIO	ON	urethra—testes
External Ger				MALE REPRODUCTIVE SYSTE
Escutche	on	Pattern	Male/Fema	MALE REI ROBOUTVE STOTE
		Cleanliness	Yes/No	
		Pubic Lice	Yes/No	
		Rash/Irritation	Yes/No	
Pudenda	_	Labia	Major/Mina	mons pubis
Pudend	a	Labia	Major/Mino	
		Clitoris	Body/Hood	clitoris
		Circoris	Dody/11000	labia minora
		Vestibule		urethra
		resensate		vaginal opening
		Introitus	Scarring?	vaginal opening
			Discharge	
			Other	FEMALE PERINEUM
		Perineum	Scarring?	
			Condylomat	
			Other	
				MIDDLE INITIAL ID NUMBER

			INITIAL
		PHYSICA	EXAMINATION
			Notes/Description
	Anal Verge	Hemorrhoids?	OVARY FALLOPIAN
		Condylomata?	TUBE / TUBE
		Other	UTERUS
			PUBIC
Internal Genitals	Vagina	Discharge?	BONE
		Estrogenized?	
		Condylomata?	CLITORIS
		Ulcerations?	
		Other	OUTER
			RECTUM
	Cervix	Lesions?	URETHRAL OPENING VAGINA
		Discharge?	INNER LABIA
		Scarring?	
		Size?	
		Os	
			2 - 2
	Uterus	Size?	
		Contour?	
		Tender?	
	Adnexa	Mass?	
		Tender?	
		Other	
Impression/Notes	:		
Labs/Follow-up:			

SIGNATURE OF PHYSICIAN/RN

NAME OF PHYSICIAN/RN