

PHYSICAL EXAM FORM

NAME

DOB

AGE

DATE

ALLERGIES (list all)

HEIGHT _____

WEIGHT _____

BLOOD PRESSURE _____

PULSE _____ LMP _____

PROBLEMS ADDRESSED

CURRENT MEDICATIONS

RXS WRITTEN

PLEASE DESCRIBE THE PATIENT'S OVERALL HEALTH

RECOMMENDATIONS BASED ON EXAM

ADDITIONAL CONCERNS DISCUSSED

- The patient is permitted to participate in rigorous physical activity, including dance.
- The patient is not permitted to participate in physical activity at this time.

Physician Name

Date

Physician Signature