

PHYSICAL EXAM

Creation Date

09/30/2019

PATIENT INFORMATION

Last Name	First Name	Middle Name	Sex
Sample	John	F	Male
Patient ID#	Drivers Lic. or State ID	Date Of Birth	Age
1398314	345345	1970-12-12	49
Contact Method	Phone	Email	
Email	323-283-3266	kioskcondo@gmail.com	

VITALS

Blood Pressure	Pulse	Temperatue	Height	Weight	BMI
120/80	70 BPM	98.4	6 ft	222 lbs	24.9

PHYSICAL EXAM DETAILS

Category	Normal or Abnormal	Notes	Change From BaseLine
General Appearance	Normal	General Appearance Chest and Lungs	No
HEENT	Abnormal	HEENT notes would be written in this location	Yes
Neck	Normal	Neck notes would be written in this location	Yes
Chest and Lungs	Abnormal	Chest and Lungs would be written in this location	Yes
Cardiovascular	Normal	Cardiovascular would be written in this location	Yes
Abdomen	Normal	Abdomen notes would be written in this location	No
Musculoskeletal	Normal	Musculoskeletal notes would be written in this location	No
Lymph Nodes	Not Examined	Lymph Nodes notes would be written in this location	N/A
Extremities/Skin	Abnormal	Extremities/Skin notes would be written in this location	Yes
Neurological	Normal	Neurological notes would be written in this location	N/A