

CLINICAL RECORD		PHYSICAL EXAMINATION					
DATE OF EXAM	HEIGHT	WEIGHT			TEMPERATURE	PULSE	BLOOD PRESSURE
		AVERAGE	MAXIMUM	PRESENT			

INSTRUCTIONS. - Describe (1) General Appearance and Mental Status; (2) Head and Neck (General); (3) Eyes; (4) Ears; (5) Nose; (6) Mouth; (7) Throat; (8) Teeth; (9) Chest (General); (10) Breast; (11) Lungs; (12) Cardiovascular; (13) Abdomen; (14) Hernia; (15) Genitalia; (16) Pelvic; (17) Rectal; (18) Prostate; (19) Back; (20) Extremities; (21) Neurological; (22) Skin; (23) Lymphatics.

(Continue on reverse side)

PATIENT'S IDENTIFICATION <i>(For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)</i>	REGISTER NO.	WARD NO.
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PHYSICAL EXAMINATION
 Standard Form 506 (REV. 3-89)
 General Services Administration
 Interagency Committee on Medical Records
 FIRMR (41 CFR) 201-45.505
 USAPPC V1.00

PHYSICAL EXAMINATION

INITIAL IMPRESSION

SIGNATURE OF PHYSICIAN
