Physical Form PDF

Patient Information

- **Full Name: ____**
- **Date of Birth: ____________ Gender: [ ] Male [ ] Female**
- **Address: ____**
- **Phone Number: ____**
- **Emergency Contact Name: ______________________________**
- **Emergency Contact Number: ____________________________**

Medical History

- **Previous Illnesses: ______________________________________**
- **Chronic Conditions (e.g., diabetes, hypertension): ___________________**
- **Allergies (specify): ____**
- **Medications currently taking: ______________________________**

Vital Signs & Measurements

- **Height: ____________ cm**
- **Weight: ____________ kg**
- **Blood Pressure: ____________ mmHg**
- **Heart Rate: ____________ bpm**
- **Body Temperature: ____________ °C**

Physical Examination Findings

- **Cardiovascular System: _____________________________________**
- **Respiratory System: _______________________________________**
- **Neurological Assessment: ___________________________________**
- **Musculoskeletal Evaluation: ________________________________**

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Tests	Normal	Abnormal	Notes
Blood Pressure	[ ]	[ ]	________________________
Reflexes	[ ]	[ ]	________________________
Vision Test	[ ]	[ ]	________________________
Hearing Test	[ ]	[ ]	________________________

Physician Comments & Recommendations

- **Comments: ____**
- **Recommendations: ____**
- **Physician Signature: ______________________ Date: ____________**

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