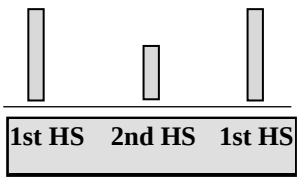
Physical examination

Last name, first name:	Examination date:
Date of birth:	Examining doctor:

	No sig. results	significant results	
1. Head/neck			
Eyes	☐	☐	
Visual acuity	☐	☐ glasses/contact lenses ☐ R	☐ L
Nose	☐	☐	
Paranasal sinuses	☐	☐	
Teeth	☐	☐	
Pharynx/tonsils	☐	☐	
Ears/eardrum	☐	☐	
Thyroid	☐	☐	
other			
2. Thorax/lungs			
Auscultation	☐	☐	
Percussion	☐	☐	
Rib section of thorax	☐	☐	
other			
3. Heart/circulation			
Pulse: /min	BP:	mmHg	
Auscultation	☐	☐	
Heart sounds	☐	☐	
Peripheral pulses	☐	☐	
Veins	☐	☐	



	No Sig. results	significant results	
4. Lymph nodes	☐		
☐ cervical R/L	☐ axillary R/L		
☐ inguinal R/L	☐ other		
5. Skin	☐	☐	
6. Abdomen			
Palpation	☐	☐	
Liver	☐	☐	
Spleen	☐	☐	
Renal retroperitoneal cavity	☐	☐	
Hernias/genitalia	☐	☐	
7. Nervous system			
Reflexes	☐	☐ ankle jerk reflex R/L	
		☐ patellar reflex R/L	☐ other
Sensitivity	☐	☐	
Motor function	☐	☐	

No sig. results significant results

8. Spinal column/trunk

Gait/posture	☐	☐
Back shape	☐	☐
Pelvis	☐	☐ tilted position to the ☐ R ☐ L minus cm
Sacroiliac joint	☐	☐
Leg length	☐	☐
Cervical spine	☐	☐
Thoracic spine	☐	☐
Lumbar spine	☐	☐
Pectoral girdle	☐	☐
Elbow	☐	☐
Hands	☐	☐
Hip	☐	☐
Knees	☐	☐
Ankles	☐	☐
Feet	☐	☐
Sport-specific results	☐	☐
Muscle lengths/mobility	☐	☐

Mark pathological results: