

## Physical Exam

**PATIENT NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Vital Signs** T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ **BP** \_\_\_\_\_ Sitting \_\_\_\_\_ Standing \_\_\_\_\_

**General Appearance** Peripheral Edema  Yes  No Ht \_\_\_\_\_ Wt \_\_\_\_\_  WNL  Obese

Comments \_\_\_\_\_

**Abdomen** **BOWEL SOUNDS:**  Present  Decreased **TENDERNESS/PAIN:**  Present  Absent

**SUPRAPUBIC/BLADDER DISTENTION:**  Yes  No **MASSES:**  No  Yes \_\_\_\_\_

**HERNIA PRESENT:**  Yes  No **SCARS:**  No  Yes \_\_\_\_\_

Comments \_\_\_\_\_

**Genito-urinary - Women**

**EXTERNAL GENITALIA:**  Dry  Moist  Vaginal Discharge

**HAIR DISTRIBUTION**  Normal  Decreased

**LESIONS**  Yes  No

**LABIA/VAGINAL MUCOSA**  Dry  Moist  Atrophic Changes

**Urethra**  Fixed  Hypermobile  Norma  Urethral Caruncle

**Urethral Prolapse**  Yes  No **Cystocele**  Yes  No **Reducible**  Yes  No

**Uterine Prolapse**  None  Removed  1st Degree  2nd Degree  3rd Degree  4TH Degree

**Vaginal Stenosis**  Yes  No **Pelvic Muscle:**  Flicker  Weak  Moderate  Good  Strong \_\_\_\_\_ grade (0-5)

**Rectocele**  Yes  No **Perineal Sensation**  YES  NO **Pelvic muscle wasting/disuse atrophy**  Yes  No

Comments \_\_\_\_\_

**Genito-urinary - Men**

**Penis**

**Circumcised**  Yes  No **Retracted Penis**  Yes  No **Comment** \_\_\_\_\_

**Freely Moveable Foreskin**  Yes  No **Penile Discharge**  Yes  No **Comment** \_\_\_\_\_

**Scrotum**

**General Appearance**  Normal  Abnormal

**Tender**  Yes  No **Comment** \_\_\_\_\_

**Prostate Gland**

**Size**  WNL  Enlarged **Symmetry**  Yes  No **Nodules Present**  Yes  No **Tenderness**  Yes  No

**Rectum**

**Hemorrhoids**  Yes  No **Anal Sphincter Tone**  Strong  Moderate  Weak

**Anal Wink Each Side**  Yes  No **Stool**  None  Soft  Hard  Impaction

**Guaic: Test Done**  Yes  No **Results**  Positive  Negative

Comments \_\_\_\_\_

**Perineal Skin Integrity**

**Rashes**  Yes  No **Lesions**  Yes  No **Ulcers**  Yes  No

Comments \_\_\_\_\_

**Neuro Musculoskeletal**

**BCR:**  Yes  No **Anal Wink:**  Yes  No **Dexterity:**  Normal  Abnormal

**Sensory:**  Position Sense  Sharp  Dull **Transfer Independent:**  Yes  No

**Gait:**  WNL  Abnormal \_\_\_\_\_

**DIAGNOSIS:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

**PLAN:** \_\_\_\_\_

**PROVIDER SIGNATURE:** \_\_\_\_\_ **VISIT** \_\_\_\_\_ **TIME:** \_\_\_\_\_