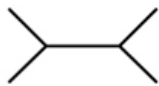


Physical Exam		T _____ RR _____ BP _____ HR _____ Wt _____ (lbs) Ht _____ (in) BMI _____ O ₂ Sat _____ on _____
Eyes [] nl conjunctiva & lids Pupils [] equal, round, & reactive Fundus [] nl discs & vessels Vision [] acuity & gross fields intact Abnormals:	ENT External [] no scars, lesions, masses Otitic [] nl canals, tympanic membranes Hearing [] nl to finger rub Oropharynx [] nl teeth, tongue, palate, pharynx Abnormals:	Neck External [] no tracheal deviation Palpation [] no masses or crepitus Thyroid [] no 'megaly or tenderness Abnormals:
GI Palpation [] no masses or tenderness [] no hep/splenomegaly Auscultation [] nl bowel sounds Percussion [] no shifting dullness Anus/rectum [] no abnormality or masses [] heme negative stool Abnormals:	Resp Effort [] nl without retractions Percussion [] no dullness or hyperresonance Palpation [] no fremitus Auscultation [] CTAB w/o W, R, or R Abnormals:	Skin [] no rashes, lesions, ulcers [] nl turgor Chest/Breast [] nl inspection & palpation Lymph nodes [] no axillary, inguinal, cervical, or submandibular LAD Genitourinary [] nl external genitalia [] nl vaginal tone, mucosa [] no cervical motion tenderness [] nl penis & scrotal contents [] nl prostate size and texture Psych [] nl cognition [] MMSE _____ [] nl mood and affect Abnormals:
CV Palpation [] PMI nondisplaced Auscultation [] no murmur, gallop, or rub Carotids [] nl intensity w/o bruit JVD [] no jugulovenous distension Pulses [] 2+/- femoral & pedal pulses Edema [] no pedal edema Abnormals:	Neuro Orientation [] A&O to person, place, time Cranial nerves [] CN II-XII intact Sensory [] nl sensation throughout Reflexes [] 2+ + and symmetrical throughout Abnormals:	
Musculoskeletal Inspection ROM Strength Tone (√ if normal) Abnormals:		Other: [] no apparent distress
Upper extrem [] [] [] [] Lower extrem [] [] [] [] Gait [] nl gait and station		

Labs:



Differential: _____
 Neuts _____
 Bands _____
 Lymphs _____
 Monos _____
 Eos _____

Indices: _____
 MCV _____
 RDW _____
 MCH _____
 MCHC _____



Mag _____ Phos _____ Cal _____ AlkPhos _____
 GGT _____ AST _____ ALT _____ NH4 _____
 Alb _____ TotProt _____ TotBili _____ DirBili _____

Urinalysis:
 SpGrav _____
 Prot _____
 Gluc _____
 LE _____
 Nit _____
 WBC _____
 RBC _____
 Other: _____

X-ray:

EKG:

Other:

Assessment & Plan: _____

Signature: _____

Attending MD [] I've examined the patient.

Date: _____

[] I've reviewed with housestaff and agree with the above.

Signature _____ Date: _____



Regional Medical Center at Memphis
INTERNAL MEDICINE HISTORY & PHYSICAL

Addressograph/Patient ID