Date of Exam: _	Name of P	hysician:	Tel. #:	
	PHYSI	CAL EXAMINATION	Comments (P	age 1 of 2)
STOLOGIC:	External Traum	na?		G)
	Perforated drui	m? ☐ Yes ☐ No		
NOSE:	Instability?	☐ Yes ☐ No		
	Recent trauma			
	Obstruction?	Yes No		
OROPHARYNX:	Loose teeth?	☐ Yes ☐ No		
FACE:	Recent trauma?			
	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	Normal	Abnormal	on way in principally on 124 x 111	
ADENOPATHY:	☐ Yes	□ No		
LUNGS:	Normal	Abnormal		
CARDIOVASCULAR:	Blood Pressure Heart rate (supir		(upright)ter 2 minutes of exercise)	
ABDOMEN:			and a real sections	
HERNIAS:	☐ Yes	□ No		
TESTES:	Normal	Abnormal		
GYNECOLOGICAL EXAMINA	Normal	A CONTESTANTS): Abnormal OF H.C.G. SERUM PREGI	NANCY TEST.	
MUSCULOSKELETAL:	Normal	<u>Abnormal</u>	Comments	
Hands				
Wrists				
Elbows				
Shoulder Girdle				
Lower Extremities				
NEUROLOGIC: Mental Status: Orientation	/2			
5-minute recal	/3			
5-minute recai	Normal	<u>Abnormal</u>	DEEP TENDON REFLEXES	
Cranial Nerves			(USE SCALE 0 - 4+ INDICATE PLANTAR	
Strength	_		RESPONSE WITH ARROW	
fone			r.	
Sait				
Coordination:	_	<u>-</u>		
inger-to-Nose	п ж			
andem Gait				
DRMAL FOR TANDEM GAIT BILITY TO WALK 10 FT. FORWARD NO BACKWARD, HEEL TO TOE, AFTER TWO MAINING TRIES				

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