

# NORTHWEST MEDICAL GROUP ADULT PHYSICAL EXAM FORM

Name: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*When testing strength use grades: Weak (W); Normal (N); Strong (S)  
\*\*When testing reflexes use: Absent (A); Present (P); Brisk (B)

- a. Biceps
- b. Triceps
- c. Knee
- d. Ankle
- e. Romberg
- f. Babinski
- g. Cranial N
- h. Sensory
- i. Variocele

- a. Penile
- b. Scrotum
- c. Testicles
- d. Discharge
- e. Cervix
- f. Uterus
- g. Adnexa
- h. Pap smear
- i. Discharge done
- j. Vagina
- k. Cervix

- a. Shoulder
- b. Arm
- c. Elbow
- d. Radial pulse
- e. Wrist
- f. Hand
- g. Fingers

- a. Nails
- b. Edema DT pulse
- c. Bunions DT pulse
- d. Cystosis
- e. Pedal pulse
- f. Toes
- g. Nails

- a. Scars
- b. Birthmarks
- c. SK
- d. AK
- e. Modes
- f. Statis Derm

## NEUROLOGIC

Strength  WNL

Reflex\*\*  WNL

## EXTREMITIES

WNL

## FEMALE GENITALS

WNL

## MALE GENITALS

WNL

## RECTAL

WNL

## SKIN

WNL

## HEART

WNL

## BREASTS

WNL

## ABDOMEN

WNL

## BACK

WNL

## NOSE

WNL

## MOUTH/THROAT

WNL

## NECK

WNL

## LUNGS

WNL

## Blood Pressure

- a. Posture
- b. Gait
- c. Speech
- d. Appearance
- e. Emotion

## HEAD

WNL

## EYES

WNL

## Cataracts R - L

- a. Lids
- b. Sclera
- c. Conjunctive
- d. Muscles
- e. Cornea
- f. Pupils
- g. Fundi
- h. Light
- i. Brnt

## EARS

WNL

Use the following codes to indicate findings for those categories reviewed during this examination.  
 WNL = All category items are within normal limits  
 X = Mark X across names of categories not examined  
 POS = An item with positive findings

# NORTHWEST MEDICAL GROUP ADULT REVIEW OF SYSTEMS

Patient Name: \_\_\_\_\_

Have you had any of these problems? \_\_\_\_\_

## HEAD AND NECK

\_\_\_\_\_ frequent headaches

\_\_\_\_\_ neck pains

\_\_\_\_\_ neck lumps or swelling

## EYES

\_\_\_\_\_ wears glasses if so for \_\_\_\_\_

\_\_\_\_\_ reading \_\_\_\_\_ distance \_\_\_\_\_ bifocals

\_\_\_\_\_ contact lens

\_\_\_\_\_ blurry vision

\_\_\_\_\_ eyesight worsening

\_\_\_\_\_ sees double

\_\_\_\_\_ sees halo

\_\_\_\_\_ eye pains or itching

\_\_\_\_\_ watering eyes

## EARS

\_\_\_\_\_ hearing difficulties

\_\_\_\_\_ earache

\_\_\_\_\_ drainage from ears

\_\_\_\_\_ buzzing in ears

\_\_\_\_\_ motion sickness

## MOUTH

\_\_\_\_\_ dental problems

\_\_\_\_\_ swelling on gums or jaw

\_\_\_\_\_ sore tongue

\_\_\_\_\_ taste change

## NOSE AND MOUTH

\_\_\_\_\_ congested nose

\_\_\_\_\_ running nose

\_\_\_\_\_ sneezing spells

\_\_\_\_\_ head colds

\_\_\_\_\_ nose bleeds

\_\_\_\_\_ sore throat

\_\_\_\_\_ enlarged tonsils

\_\_\_\_\_ hoarse voice

## RESPIRATORY

\_\_\_\_\_ wheezes or gasp

\_\_\_\_\_ coughing spells

\_\_\_\_\_ coughed up blood

\_\_\_\_\_ chest colds

\_\_\_\_\_ more sweating, night sweats

## CARDIOVASCULAR

\_\_\_\_\_ high blood pressure

\_\_\_\_\_ racing heart

\_\_\_\_\_ shortness of breath

\_\_\_\_\_ more pillows to breathe

\_\_\_\_\_ chest pains

\_\_\_\_\_ how far can you walk without getting short of breath

\_\_\_\_\_ swollen feet or ankles

\_\_\_\_\_ heart murmur

SPECIAL PROBLEMS TO DISCUSS AT NEXT VISIT:

# ADULT REVIEW OF SYSTEMS

NWMG-10

Signature

## DIGESTIVE

\_\_\_\_\_ heartburn

\_\_\_\_\_ bloated stomach

\_\_\_\_\_ belching

\_\_\_\_\_ stomach pains

\_\_\_\_\_ nausea

\_\_\_\_\_ vomited blood

\_\_\_\_\_ difficulty swallowing

\_\_\_\_\_ constipation

\_\_\_\_\_ loose bowels

\_\_\_\_\_ black stools

\_\_\_\_\_ clay colored stools

\_\_\_\_\_ pain in rectum

\_\_\_\_\_ rectal bleeding

## URINARY

\_\_\_\_\_ night frequency \_\_\_\_\_ # of times

\_\_\_\_\_ day frequency \_\_\_\_\_ # of times

\_\_\_\_\_ wets pants or bed

\_\_\_\_\_ burning on urination

\_\_\_\_\_ coca cola color or bloody urine

\_\_\_\_\_ difficulty starting urine

\_\_\_\_\_ urgency to urinate

## MALE GENITAL

\_\_\_\_\_ weak urinary stream

\_\_\_\_\_ prostate trouble

\_\_\_\_\_ burning or discharge

\_\_\_\_\_ lump on testicle

\_\_\_\_\_ painful testicle

## FEMALE GENITAL

\_\_\_\_\_ last menstrual period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ postmenopause

\_\_\_\_\_ hysterectomy

\_\_\_\_\_ ovaries removed? yes or no

\_\_\_\_\_ uses birth control pills

\_\_\_\_\_ irregular periods

\_\_\_\_\_ heavy bleeding

\_\_\_\_\_ vaginal itch or discharge

\_\_\_\_\_ lump or pain in breast

\_\_\_\_\_ regular mammograms

\_\_\_\_\_ last pap test \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ Number of

\_\_\_\_\_ pregnancies

\_\_\_\_\_ live births

\_\_\_\_\_ abortions

\_\_\_\_\_ miscarriages

## CURRENT MEDICATIONS

\_\_\_\_\_ current age

\_\_\_\_\_ change in family history?

\_\_\_\_\_ date of last eye exam \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ glaucoma

\_\_\_\_\_ cataracts? \_\_\_\_\_ right \_\_\_\_\_ left eye

\_\_\_\_\_ place visited in last 6 months

\_\_\_\_\_ uses narcotics

\_\_\_\_\_ uses recreational drugs

\_\_\_\_\_ uses tranquilizers

\_\_\_\_\_ over 6 cups of coffee per day

\_\_\_\_\_ 2 or more alcohol drinks/day

\_\_\_\_\_ smoker? \_\_\_\_\_ packs/day \_\_\_\_\_ years

## GENERAL

\_\_\_\_\_ gained/lost more than 10 lb

\_\_\_\_\_ tends to be too hot or cold

\_\_\_\_\_ always hungry

\_\_\_\_\_ arm pits or groin swelling

\_\_\_\_\_ sleeping difficulties

\_\_\_\_\_ exercises less than 3 times a wk

\_\_\_\_\_ arm pits or groin swelling

\_\_\_\_\_ always hungry

\_\_\_\_\_ loses of appetite

\_\_\_\_\_ tends to be too hot or cold

\_\_\_\_\_ desires counseling

\_\_\_\_\_ considered suicide

\_\_\_\_\_ sexual difficulties

\_\_\_\_\_ work or family problems

\_\_\_\_\_ loses temper

\_\_\_\_\_ frightening dreams or thoughts

\_\_\_\_\_ worries a lot

\_\_\_\_\_ difficultly relaxing

\_\_\_\_\_ hopeless outlook

\_\_\_\_\_ cries often

\_\_\_\_\_ lonely or depressed

\_\_\_\_\_ lack of concentration

\_\_\_\_\_ difficultly in making decisions

\_\_\_\_\_ nervous with strangers

## MOOD

\_\_\_\_\_ poor memory

\_\_\_\_\_ tremors

\_\_\_\_\_ weakness or numbness

\_\_\_\_\_ seizures

## NEUROLOGICAL

\_\_\_\_\_ frequent sun exposure/tanning

\_\_\_\_\_ itching or burning skin

\_\_\_\_\_ changes in mole

## SKIN

\_\_\_\_\_ painful feet

\_\_\_\_\_ back or shoulder pain

\_\_\_\_\_ red joints

\_\_\_\_\_ swollen joints

\_\_\_\_\_ aching muscles or joints

## MUSCULOSKELETAL

Date: \_\_\_\_\_