

**California State University, Northridge
Athletic Training Education Program
PHYSICAL EXAM**

NAME:		ID:	AGE:	DATE:		
CURRENT PROBLEMS AND DURATION		PMH AND YEAR	MED AND DOSE	ALL AND REACTION		
REVIEW OF SYSTEMS		SURG OR HOSP YEA	OTC AND DOSE	ALC: SMO: CAF: EXR: MAR: CHL: GPA: LMP: PAP: MMG:		
F	F <input type="checkbox"/>	B S <input type="checkbox"/>	B S <input type="checkbox"/>			
H	M <input type="checkbox"/>	B S <input type="checkbox"/>	B S <input type="checkbox"/>			
T	P	BP /	BP * /	HT		
WT	LB					
Sys:	OPT	N	Ab	CHECK FINDING:	DESCRIBE:	VISUAL ACUITY
HENT		-	-	<input type="checkbox"/> ↑ TONSILS	<input type="checkbox"/> ↑ TURBS	U N C O R R
NECK		-	-	<input type="checkbox"/> ↑ THYROID	<input type="checkbox"/> ↑ NODES	
LUNG		-	-	<input type="checkbox"/> WHEEZES	<input type="checkbox"/> RHONCHI	OS:
HERT		-	-	<input type="checkbox"/> MURMUR	<input type="checkbox"/> IRREGULAR	OU:
BRST	X	-	-	<input type="checkbox"/> MASS	<input type="checkbox"/> MODULAR	C O R R E C T
ABDM		-	-	<input type="checkbox"/> MASS	<input type="checkbox"/> TENDER	
EXTR		-	-	<input type="checkbox"/> CREPITUS	<input type="checkbox"/> SWELLING	OS:
BACK		-	-	<input type="checkbox"/> SCOLIOSIS	<input type="checkbox"/> LORDOSIS	OU:
NEUR		-	-	<input type="checkbox"/> SPEECH	<input type="checkbox"/> WEAKNESS	
GENT	X	-	-	<input type="checkbox"/> NODULE	<input type="checkbox"/> HERNIA	
PELV	X	-	-	<input type="checkbox"/> MASS	<input type="checkbox"/> DISCH	
RECT	X	-	-	<input type="checkbox"/> HEMORRHOIDS		
PRST	X	-	-	FOBT		
SKIN		-	-	<input type="checkbox"/> ↑ PROSTATE	<input type="checkbox"/> TENDER	
				<input type="checkbox"/> RASH	<input type="checkbox"/> LESION	
#	IMPRESSION:	#	PLAN:	TEST:	RESULT	
1		1		- CBC		
2		2		- U/A		
3		3		- CHM		
				- TSH		
				- EKG		
				- PPD		
				- CXR		
				- PAP		
				- MMG		
			[] PATIENT EDUCATION	IMMUN:		
F/U:	REFERRAL:	SIGNED:				