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WEBER STATE UNIVERSITY Annie Taylor Dee School of Nursing Physical Exam

Date of Physical Exam:							
Patient Name:	Date of Birth/Age:	Gender:					
Tobacco Current Type: Frequency:	SOCIAL HISTORY pe: Frequency: Image: Device of the second secon						
ETOH Dever Coccasional Daily History of ETOH: (deso	ribe)						
Caffeine Dever Coccasional Daily							
Drug Abuse Dever Doccassional Daily Drior Use Quit	date:						
History of Drug Abuse (describe)							
Occupation:	Exercise type/frequency						
Allergies (food/medications/environmental)	Type of Reaction						
MEDICATION LIST							
Medications, Supplements, OTC drugs Rx meds, dose, frequency route							
PROBLEM LIST							
Chronic health problems							

Height	Weight		Blood Pressure	/	Pulse	Resp	
	WNL	ABN	Comments				
General Appearance							
HEENT							
Respiratory							
Cardiovascular							
Gastrointestinal							
Genitourinary							
Musculoskeletal							
Neurological							
Skin							
CHRONIC MEDICAL CONDITIONS REVIEWED Stable Recommend follow-up							

Provider Name	Date
Signature	NPI #

Organization_