WEBER STATE UNIVERSITY
Annie Taylor Dee School of Nursing
Physical Exam

*****PLEASE FILL OUT EVERY FIELD – USE N/A IF NOT APPLICABLE*****

Patient Name:		Date of Physical Exam:	
Date of Birth:		Gender:	
Height:	Weight:	BP:	HR:
Allergies & Type of Reaction (food/medications/environmental):			
Prescribed Medications:			

System	WNL	Abnormal	Comments
General Appearance			
HEENT			
Respiratory			
Cardiovascular			
Gastrointestinal			
Genitourinary			
Musculoskeletal			
Neurological			
Skin			

CHRONIC MEDICAL CONDITIONS:

Attach additional documentation if needed

Provider Name_____ Date_____

Signature_____ NPI #_____

Organization_____