



Height _____ Weight _____ Blood Pressure _____ / _____ Pulse _____ Resp _____			
	WNL	ABN	Comments
General Appearance			
HEENT			
Respiratory			
Cardiovascular			
Gastrointestinal			
Genitourinary			
Musculoskeletal			
Neurological			
Skin			
CHRONIC MEDICAL CONDITIONS REVIEWED <input type="checkbox"/> Stable <input type="checkbox"/> Recommend follow-up			

Provider Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

NPI # \_\_\_\_\_

Organization \_\_\_\_\_