

GENERAL APPEARANCE	WITHIN NORMAL LIMITS?	CONCERNS/NOTES
Head		
Eyes		
Ears		
Nose		
Oral Cavity		
Neck		
Lungs		
Cardiovascular		
Abdomen		
Genitalia		
Skin		
Muscular-Skeletal (strength, tone, bulk, posture, gait, etc.)		

Notes: _____

Physician Signature: _____

Date: _____

Agency Nurse Review: _____

Date: _____