



**JOHN GEORGE HOME, INC**

1501 EAST GANSON STREET ♦  
517.783.4134 ♦

JACKSON, MICHIGAN 49202  
517.783.0872 FAX

**PHYSICAL EXAMINATION**

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PATIENT NAME: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

BP: \_\_\_\_/\_\_\_\_ HT: \_\_\_\_' \_\_\_\_" T: \_\_\_\_ P: \_\_\_\_ R: \_\_\_\_ URINE: \_\_\_\_

	NORMAL	ABNORMAL	COMMENTS
1. GENERAL APPEARANCE	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. SKIN	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. LYMPH NODES	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. HEAD	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. EYES (GLASSES?)	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. EARS (HEARING AID?)	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. NOSE	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. MOUTH/THROAT (DENTURES)	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. NECK	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. BACK	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. CHEST	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. HEART (PACEMAKER?)	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. ABDOMEN	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. EXTREMITIES (ARTIFICIAL LIMBS?)	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. RECTAL	<input type="checkbox"/>	<input type="checkbox"/>	_____

**ADDITIONAL COMMENTS/ORDERS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
PHYSICIAN SIGNATURE

\_\_\_\_\_  
DATE