

Physical Examination



AUSTRALIA

To be completed by doctor

Blood Pressure Diastolic

Systolic

Heart Rate

Rhythm

- Regular
- Irregular
- Tachycardia
- Bradycardia

Bruit

Peripheral Circulation

Eyes R 6/

Eyes L 6/

Contact Lenses Worn?

- Yes No

Glasses worn?

- Yes No

With correction R 6/

With correction L 6/

Inspection

Fundi

Ears R

Ears L



Tonsils

Nose

Sinus

Lungs

Abdomen

Hernia

Nervous
System

Additional Examination Findings



AUSTRALIA

Investigations

Performed if recommended by examining doctor

Spirometry Yes No Findings

ECG Yes No Findings

CXR Yes No Findings

Urinalysis Yes No Findings

Blood Tests Yes No Findings

Other Yes No Findings

Doctor Summary



AUSTRALIA

To be completed by doctor

Comments

Significant Findings

Recommendations

Current Medications

Name of Medical Practitioner	Mailing Address	Email	Telephone/Mobile/Fax