

Staley

Psychiatric Nurse Practitioner PLLC

187-18 Linker Blvd. ST ALBANS, WY 82412

Physical Examination Report

PATIENT NAME: _____ AGE: _____

DATE OF EXAM: _____

VITAL SIGNS:

BP _____ PULSE: _____ RR _____ TEMP _____ WEIGHT _____ HEIGHT _____

HEENT: _____

ABDOMEN _____

CHEST _____

EXTREMITIES _____

HEART: _____

NEURO: _____

LUNGS: _____

OTHER: _____

LABORATORY SCREENING (MOST RECENT):

CBC: _____

TFT: _____

CHEMISTRY _____

LFT: _____

VDRL: _____

CHOLESTEROL: _____

HBA1c or FBS _____

TRIGLYCERIDES: _____

EKG: _____

URINALYSIS: _____

PPD: _____

OTHER: _____

ACTIVE MEDICAL DIAGNOSIS:

PLEASE LIST CURRENT MEDICATION(S)

BEING PRESCRIBED (INCLUDING DOSAGES):

MD NAME (PLEASE PRINT /STAMP)

MD. SIGNATURE: _____

DATE: _____

ADDRESS: _____

PHONE: _____

PH (347) 894-8111
F (347) 894-8128