

Geriatric Physical Examination Form

Patient Information

Name:

Date of Birth:

Medical Record #:

Exam Date:

Vital Signs

Blood Pressure:

Heart Rate:

Temperature:

Respiratory Rate:

Height:

Weight:

General Appearance

Appearance:

Level of Consciousness:

Head, Eyes, Ears, Nose, Throat (HEENT)

Head:

Eyes:

Ears:

Nose:

Throat:

Neck

Neck Examination:

Cardiovascular

Heart Sounds:

Peripheral Pulses:

Edema:

Respiratory

Lung Sounds:

Effort/Breathing Pattern:

Abdomen

Inspection:

Palpation (Tenderness, Mass):

Bowel Sounds:

Musculoskeletal

Joints:

Muscle Strength:

Neurological

Orientation:

Reflexes:

Gait/Balance:

Skin

Condition:

Other Findings / Notes