

## RRI ANNUAL PHYSICAL EXAMINATION FORM

<b>Name &amp; Date of Birth</b>				<b>RRI Contact Person &amp; Telephone Number</b>		
<b>Allergies:</b>						
<b>Vital Signs</b>	<b>Height</b>	<b>Weight</b>	<b>T</b>	<b>BP</b>	<b>P</b>	<b>R</b>
<b>General Appearance:</b>						
<b>Skin:</b>						
<b>HEENT: Head</b>						
Eyes/Vision Screen						
Ears/Hearing Screen						
Mouth/Throat						
<b>Neck:</b>						
<b>Chest:</b>						
<b>Breast:</b>						
<b>Heart:</b>						
<b>Lungs:</b>						
<b>Abdomen:</b>						
<b>Genitalia:</b> GYN/Testicular Exam						
<b>Rectum:</b>						
<b>Musculoskeletal:</b> Back/Spine						
Extremities						
<b>Lymph Nodes:</b>						
<b>Circulatory:</b>						
<b>Neurologic:</b> Cranial Nerves						
Reflexes						
Sensory						
Motor						
Cognitive						
<b>Ideal Weight:</b>						
<b>Recommended Diet:</b>						
<b>Other:</b>						

**PCP Signature:** \_\_\_\_\_