

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
HEALTH SERVICES

(Place Youth Label Here)

PHYSICAL EXAMINATION

YOUTH NAME:					DATE:	
DATE OF BIRTH:		SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		ETHNICITY:		
HEIGHT: FT INCHES	WEIGHT: LBS.	BP: /	TEMP:	PULSE:	RESPIRATION:	

CHECK ✓ indicates a normal finding or the absence of abnormality. Make no mark if no observation is made.
CIRCLE O abnormalities and describe in detail.

INTEGUMENT:

- Skin Track Marks
- Hair Acne
- Nails Abscesses
- Scars Rashes

HEAD:

EYES:

- Lids Lens
- Pupils Fundi
- EOM's Sclera
- Conjunctiva
- Visual Acuity

EARS, NOSE, THROAT:

- Pinna Lips
- Canals Teeth & gums
- Drums Tongue
- Gross hearing Mucosa
- Pure Tone Tonsils-pharynx
- Hearing Screen Breath

NECK:

- Motion Veins
- Trachea Masses
- Thyroid

NODES:

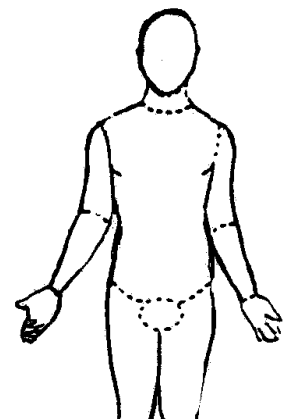
	CERVICAL	SUPRACLAVICULAR	OCCIPITAL	AXILLARY	EPITROCHLEAR	INGUINAL
R						
L						

CHEST:

- Shape

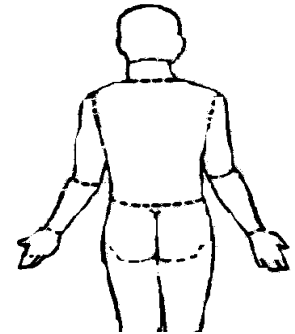
BREASTS

- Masses
- Nipples



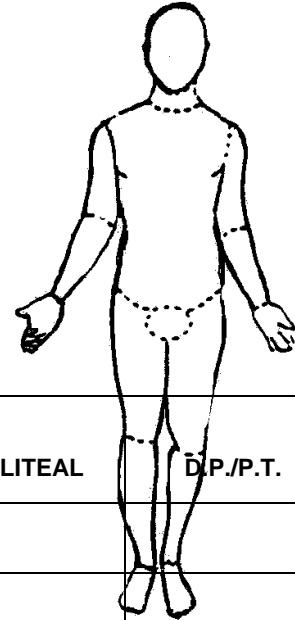
LUNGS

- Percussion
- Fremitus
- Breath sounds
- Adventitious sounds



HEART:

- Point of maximal impulse (position, quality)
- rhythm, rate
- S1 S2 S3 S4
- A2 P2
- Other extra sounds
- murmurs
- rubs

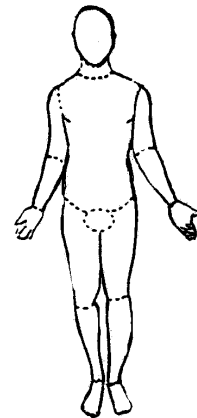


PULSES:

	CAROTID	BRACHIAL	RADIAL	FEMORAL	POPLITEAL	D.P./P.T.
R						
L						

ABDOMEN:

- Shape Masses
- Bowel sounds Hernias
- Tenderness
- Liver
- Spleen
- Kidneys



RECTUM (only if clinically indicated, not in screening exam):

- Sphincter tone
- Masses
- Stool

GENITALIA:

MALE

FEMALE

- Penis Perineum-vagina
- Testes Cervix
- Prostate Uterus
- Circumcised Adnexa
- Y N Pap taken
- Foreskin Y N

Tanner stage:

