

# Physical Exam Form

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**Please send in a copy of your most recent lab tests, and any special testing or imaging studies!**  
(Physicians may prefer to use their own forms.)

## Physical Exam

Physical Exam for \_\_\_\_\_ Date \_\_\_\_\_

Blood pressure \_\_\_\_\_ Pulse \_\_\_\_\_ Temp \_\_\_\_\_ Resp \_\_\_\_\_ Male/Female

Weight \_\_\_\_\_ Height \_\_\_\_\_

Patient is: Underweight \_\_\_\_\_ Normal Weight \_\_\_\_\_ Overweight \_\_\_\_\_ 10 -20 -30 -50 -100 pounds

Head \_\_\_\_\_

Ears \_\_\_\_\_

Eyes \_\_\_\_\_

Nose \_\_\_\_\_

Throat/Oral/Tongue \_\_\_\_\_

Dentition \_\_\_\_\_

Neck \_\_\_\_\_

Lungs \_\_\_\_\_

Heart \_\_\_\_\_

Chest \_\_\_\_\_

Abdomen \_\_\_\_\_

Rectal (optional) \_\_\_\_\_

Genitalia (optional) \_\_\_\_\_

Joints/Fingernails \_\_\_\_\_

Extremities \_\_\_\_\_

Skin \_\_\_\_\_

Cranial nerves \_\_\_\_\_

Neurological \_\_\_\_\_

