Picture 11.

Nuclear Medical Physical Examination Recording Form

Name_____

Medical Record Number_____

Date of examination_____

Time of examination_____

General
appearance_____
_____
_____
_____

Height in centimeters _____

Weight in kilograms_____

Blood pressure (in mm Hg) _____/_____

Heart rate (per minute) _____

Respiratory rate (per minute) _____

Instructions to examiner. Please neatly write answers to all items. Please record all positive findings. If there are no positive findings, then please check the box marked "No positive finding" for each item. Otherwise, write the positive findings for each item in the blank space. Please then neatly sign and date the form.

Head	□	No positive finding
Eyes	□	No positive finding
Ears	□	No positive finding
Nose	□	No positive finding
Mouth	□	No positive finding
Throat	□	No positive finding
Respiratory	□	No positive finding

Cardiovascular	□	No positive finding
Digestive	□	No positive finding
Endocrine	□	No positive finding
Hematologic	□	No positive finding
Neuropsychiatric	□	No positive finding
Extremities	□	No positive finding

Please each problem in the left-hand column and develop a treatment plan in the right-hand column.

1.
2.
3.
4.
5.
6.
7.
8.
9.

Printed name of examiner_____

Signature of examiner_____

Date_____