

# ANNUAL PHYSICAL EXAMINATION FORM – PAGE 1 OF 2

Massachusetts Department of Developmental Services

<b>Name:</b>					<b>Date:</b>		
<b>Vital Signs:</b>	Ht	Wt	T°	BP	P	R	
<b>General Appearance:</b>							
<b>Skin:</b>							
<b>HEENT:</b>							
Head							
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>Other:</b>							

HC Provider Signature: \_\_\_\_\_

