



3-5611

HISTORY AND PHYSICAL (BACK)



PHYSICAL EXAMINATION

DATE AND TIME OF EXAMINATION:

BP _____ P _____ T _____ R _____

GENERAL (Include mental status):

SKIN:

LYMPHATICS:

HEENT:

NECK:

CHEST & LUNGS:

BREAST:

HEART:

ABDOMEN:

GENITALIA:

RECTAL:

BACK & EXTREMITIES:

NEUROLOGICAL:

IMPRESSION:

TREATMENT PLAN:

SIGNATURE: