Homes For Kids, Inc.
P.O. Box 683 Niles, OH 44406
phone: 330-544-8005 fax: 330-544-9379

PHYSICAL EXAM REPORT

Physician's Name (printed): _____ Exam Date: _____

Patient's Name: _____ DOB: _____

Temperature: _____ Ht: _____ Wt: _____ BP: _____

Eye Check: Near Right: _____ Near Left: _____

Far Right: _____ Far Left: _____

Hearing Check: Right: _____ Left: _____

Allergies: _____

ASSESSMENT	NORMAL	ABNORMAL	TESTS
Nutrition			Urine
Development			Hgb.
Skin			TBT
Eyes			Throat culture
Ears			Other
Nose			**IMMUNIZATIONS**
Throat			DPT
Heart			Sabin
Lungs			Td
Abdomen			MMR
Genitals			HIB
Extremetries			Hepatitis

Special Tests: _____

Clinical Diagnosis: _____

Current Medications and/or Treatments: _____

Restrictions: _____

Is another appointment necessary? _____

Physician's signature: _____ Date: _____

State License Number: _____ Address: _____

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