

# Rare Diamond STNA Training Center

## Physical Examination

Name: \_\_\_\_\_

Temp \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_ BP \_\_\_\_\_ Wt. \_\_\_\_\_ HT ft in. \_\_\_\_\_

General Health: \_\_\_\_\_

\_\_\_\_\_

Skin: \_\_\_\_\_

HEENT: \_\_\_\_\_

Neck: \_\_\_\_\_

Thorax/Lungs: \_\_\_\_\_

Heart: \_\_\_\_\_

Abdomen: \_\_\_\_\_

Nodes: \_\_\_\_\_

Musculoskeletal: \_\_\_\_\_

Vascular: \_\_\_\_\_

Neuro: \_\_\_\_\_

History or evidence of arthritis in any joints? \_\_\_\_\_

\_\_\_\_\_

Any restrictions of his/her ability to lift/transfer patients? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Physician