

Birch Tree Communities, Inc.
Annual Physical Exam

Date:
Patient Name:
Date of Birth:
Medication List Attached
Allergies:

Physical Examination:

Weight:	HEENT:
Blood Pressure:	Neck:
Respirations:	Lungs:
Pulse:	Abdomen:
SpO2:	GU/Rectal:
Temperature:	Extremities:
RBS:	Neurological:

Assessment:

Axis III:

Plan:

Signature: _____ Date: _____