

Patient Name _____ Date _____

Physical Exam Summary

Postural _____

Orthopedic and Muscle Dysfunction _____

Neurological _____

Spinal _____

Cardio-Respiratory _____

BP _____ Pulse _____

Anthropometric: BMI _____ Waist Circ _____ %Body Fat _____ Weight _____

Ideal BF% _____ Goal Weight _____

Positive Blood Findings _____

Positive Urine Findings _____