

THE FRANCIS FOUNDATION, INC.

Services in Mental Health and Developmental Disabilities

Business Office
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Colchester, VT 05446
(802)655-3477
(802)655-9758 (fax)

Services Office
16 Church Street
Middlesex, VT 05602
(802)229-6369
(802)229-9467 (fax)

PHYSICAL EXAMINATION FORM

Patient:	Appointment – Date:
Date Of Birth:	Appointment – Time:
Address:	
Diagnosis/Disability:	
History/Hospitalizations:	
Allergies:	
Medications:	
Special Diets:	Last Tetanus:
Current Complaint:	

PHYSICAL EXAMINATION

Height:	Weight:	General Appearance:	
Blood Pressure:	Pulse:	Respirations:	
Eyes:	Heart:	Lymph Nodes:	
Ears:	Abdomen:	Genital:	
Nose:	Hernia:	Rectal:	
Mouth & Throat:	Extremities:	Pelvis:	
Neck:	Musculi-Skeletal:	Other:	
Ideal Weight:			
Skin Check:			
Lungs:	Coordination:	Other:	

TREATMENT PLAN/INSTRUCTIONS

FOLLOW-UP APPOINTMENT DATE

And TIME

DATE

PHYSICIAN'S SIGNATURE

PHYSICIAN'S NAME

(PLEASE PRINT)

PRACTICE NAME

ADDRESS