OPTIONAL MODULE 1:

PHYSICAL EXAMINATION



FOR STAFF ONLY	UR Number:
	Surname:
	Given name:
	Date of birth:
	(Please fill in if no label available)

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To assess the client's perceived physical health.

WHO CAN ADMINISTER THIS MODULE?

Only complete this module if you are a medical doctor or a nurse.

INTRODUCTION FOR CLIENT

"Now I am going to ask you about your physical health and conduct a basic physical health check."

INSTRUCTIONS

- 1. Introduce module to client.
- 2. Perform relevant tests and note down relevant information.
- 3. Formulate responses and note actions to be taken.

VITAL SIGNS								
BP: / HR:	RR:	Sa0 ₂ (%):	BAC(%):	Temp (°C):				
General appearance								
		• •						
Pupil size (please circle):	1mm 2mm 3mm	4mm 5mm	6mm (or more)					
Limbs:								
Systems examination								
Cardiovascular (incl. Murmurs, cardiomegaly):								
Respiratory								
FOR STAFF ONLY								
Clinician name:	Positio	n:	Signature:	Date:				

FOR STAFF ONLY

UR Number:

Surname:

Given name:

Date of birth:

Date of birth: (Please fill in if no label available)

Gastrointestinal				
		•••••		
		••••••		
Neurological				
Mental state:	•••••			
montal state.	••••••			
Actions:				
•••••				
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FOR STAFF ONLY				
Clinician name:		Position:	Signature:	Date: