Icahn School of Medicine at Mount Sinai

Student Health Center

Mount Sinai
One Gustave L. Levy Place, Box 1260
New York, NY 10029-6574

Tel: (212) 241-6023
Fax: (212) 241-8008
studenthealth@mssm.edu

PHYSICAL EXAM FORM

PART I: TO BE FILLED OUT BY STUDENT
PATIENT INFORMATION

Student Name (First, Middle Initial, Last)

Program (please check one)
☐ MD ☐ MD/PhD ☐ PhD ☐ MPH ☐ MSBS ☐ PREP
☐ Clinical Research ☐ Genetic Counseling ☐ other _____

Date of Birth
____ / ____ / ____

Gender
☐ Male ☐ Female

Gender Identity
☐ Male ☐ Female ☐ Other:_____

Gender Pronoun
☐ He ☐ She ☐ They ☐ Name Only ☐ Other____

Phone
☐ HOME ☐ CELL

Email

☐ ENTRY PHYSICAL EXAM
☐ 2nd YEAR EXAM

PART II: TO BE FILLED OUT BY PROVIDER
STUDENT HISTORY

DATE OF EXAM: _____/_____/ _____

MEDICAL HISTORY

PMH: _____

PSH: _____

Hospitalizations: _____

Mental Health: _____

FHx: _____

Meds: _____

_____

Allergies: _____

GYN: _____ Last Pap: _____ LMP: _____

SOCIAL HISTORY

Smoking _____ Sleep Habits _____

Alcohol _____ Helmets / Seat Belts _____

Recreational Drugs _____ Dental _____

Exercise _____ Sexual History _____

Nutrition _____ Other _____

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PHYSICAL EXAM

Vital Signs: **Ht:** _____ **Wt:** _____ **BMI:** _____ **BP:** _____ **Pulse:** _____

HEENT
Ears_____
EOMI_____
PERRL_____
Fundi_____
Sclera_____
Nose_____
OroPharynx_____

NECK
Supple_____
Thyroid_____
Lymph Nodes_____
Masses_____

CHEST
Breast_____
Nipples _____
Lungs_____
Heart_____

ABDOMEN
Soft_____
Bowel Sounds_____
Palpation_____
Liver/Spleen_____

GENITOURITAL
Testes_____
Hernia_____
Prostate_____
Ano-Rectal_____
PAP (date)_____
GYN_____

MUSCULOSKLETAL
Spine_____
Joints_____
Extremities_____
Pulses_____

DERM
Skin_____
Scars_____
Hair_____
Nails_____

NEURO
CN_____
Motor_____
Sensory_____
Reflexes_____
Cerebellar_____

OTHER
_____
_____
_____
_____

Assessment: _____
_____
_____

Plan: _____
_____
_____

Vaccine Given: MMR_____ Varicella_____ Hep B_____ Hep A_____ HPV_____ Other_____

Labs: CBC _____ BMP _____ Cholesterol_____ Other _____

_____ Print Name

_____ License #

_____ State

_____ Signature

_____ Address

Updated 01/5/17