



ST. DOMINIC'S SENIOR CARE HOME
350 North Sabana Drive
Barrigada Heights, Guam 96913

PHYSICAL EXAMINATION

Family Name	First Name	Attending Physician	Room No.	Admission No.
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GENERAL: Age _____ Temp _____ Pulse _____ Respiration _____ Blood Pressure: Systolic _____ Diastolic _____ Weight _____

EENT –

Chest –

Abdomen –

Extremities –

Neuro –

GU –

Rectal –

Skin –

Summary:

Impression:

Examined by _____
Date _____