



Rejuvenation Care Clinic LLC.

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External Physician Physical Exam

Dear Practitioner,

The patient presenting with this External Physician Physical Exam form is a potential patient of the Rejuvenation Care Clinic, LLC, a preventative and wellness care center. However, prior to consultation and treatment (if indicated) a licensed MD, DO, ARNP and/or PA-C is required to perform a standard physical exam. Records generated from your findings can be forwarded to your practice for your records upon your request and after the patient gives consent.

Patient MUST present a valid government ID with signature at time of exam. Patient is financially responsible for services.

Date _____ Patient Last, First Name _____

Age (in years) _____ DOB _____ Height _____ Weight _____

BP _____ Pulse _____ Resp _____ Temp _____ c

Current Medications _____ or None

Allergies _____ or NKDA

Medical / Surgical History _____ or None

ROS Abnormalities _____

Physical Exam

HEENT	Normal	Abnormal:
CARDIOVASCULAR	Normal	Abnormal:
RESPIRATORY	Normal	Abnormal:
GASTROINTESTINAL	Normal	Abnormal:
MUSCULOSKELETAL	Normal	Abnormal:
INTEGUMENTARY	Normal	Abnormal:
NEUROLOGICAL	Normal	Abnormal:
GENITOURINARY	Normal	Abnormal:

Practitioner Signature _____ Address _____

Practitioner Name & License _____ Phone Number _____

Patient statement: I, _____, acknowledge I have been examined as indicated above.

AFFIX PATIENT LABEL HERE