

Anti-Aging & Wellness Center (Bakersfield)

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www.antiagingwellnesscenter.com
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Anti-Aging & Wellness Center (Tehachapi)

Dr. Valerie Phillips ND
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BRIEF PHYSICAL

Name: _____ Date: _____ DOB: _____ Chart: _____

Vital Signs: Ht: ___' ___" Wt: ___ lb To: _____ P: _____ BP: ____/____

	Normal	Not Done	Abnormal Findings
General Appearance			
Skin / Acne/ Rash / Lesions			
Eyes/Ears/Nose			
Throat / Oropharynx			
Lymph Nodes / Neck Mass			
Breasts			
Heart			
Lungs			
Abdomen			
Genitalia / Hernia			
Rectal / Stool FOBT			
Pelvic (women)			
Pulses / Circulation			
Spine			
Upper Extremities			
Lower Extremities			
Neurological			

Impression:

This patient is medically cleared for Surgery / School / Sports / Work: () With No Restrictions OR
 () With Following Restrictions: _____

Comments: _____

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 Date