

Obesity-Focused Physical Exam

Date _____

Patient Information

Last _____ First _____ Middle Initial _____

Age _____ Sex Male _____ Female _____ Other _____

Anthropometric Assessment

Height: _____ cm / in (*circle one*) Weight: _____ kg / lb (*circle one*) BMI _____ kg/m²

Waist circumference: _____ cm / in (*circle one*)

Vital Signs

Pulse rate: _____ beats/min Body temp: _____ °F / °C

Respiration rate: _____ breaths/min Blood pressure _____ / _____ mmHg

Physical Examination

	Yes	No		Yes	No
Head					
Moon facies					
Skin					
Hirsutism			Rash		
Acne			Acanthosis nigricans		
Neck					
Enlarged thyroid			Thyroid nodule		
Thyroid bruit			Prominent supraclavicular fat pad		
Carotid bruit			Prominent dorsocervical fat pad		



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	Yes	No		Yes	No
Lungs					
Wheezes			Crackles or rales		
Heart					
Tachycardia			Murmur		
Abdomen					
Striae			Distension		
Hepatomegaly					
Extremities					
Edema			Distal pulse: _____ bpm		
Nervous system					
Tremor					

