examination form: dvm **Doctor Name:**

Patient/File#: _____ Today's Date: _____

	N	A	NE		N	A	NE	
1. Attitude/Appearance:	☐	☐	☐	9. Musculoskel:	☐	☐	☐	
2. Oral Cavity:	☐	☐	☐	10. LN's	☐	☐	☐	
3. MM's:	☐	☐	☐	11. Urogenital:	☐	☐	☐	
4. Eyes:	☐	☐	☐	12. Skin/Coat:	☐	☐	☐	
5. Ears:	☐	☐	☐	13. Nervous Syst:	☐	☐	☐	
6. Cardiac:	☐	☐	☐	14. Pain:	☐ Yes	☐ No	Score	/10
7. Respiratory	☐	☐	☐	15. Thyroid Palp:	☐ Yes	☐ No		
8. Abdo/GI:	☐	☐	☐	16 Weight				

Diagnostics	Recommended	Accepted	Declined	Deferred
O&P	☐	☐	☐	☐
Blood Work	☐	☐	☐	☐
Urine	☐	☐	☐	☐
Doppler BP	☐	☐	☐	☐
X Rays	☐	☐	☐	☐
Other:	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐

Progress Notes:

SOAP	
Problem List	
Recommendations made to Client:	