

PHYSICAL EXAM



VITAL SIGNS		HT	WT	BMI	BP SUPINE	BP SITTING	PULSE	RESP RATE	TEMP
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VISION	DISTANT (UNCORR) (R)	(L)	DISTANT (CORR) (R)	(L)	NEAR (UNCORR) (R)	(L)	NEAR (CORR) (R)	(L)	COLOUR VISION	TONO METRY (R)	(L)
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OFFICE TESTS	URINALYSIS -	COLOR	S.GR	pH	PROT	GLUC	KETO	BILI	BLOOD	NITRITE	UROB	MICRO
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Hgb _____ STOOL O.B. _____

COMMENTS _____

GENERAL APPEARANCE _____

PHYSICAL EXAM	<input type="checkbox"/> POSITIVE OR ABNORMAL FINDINGS	<input checked="" type="checkbox"/> NEGATIVE OR NORMAL FINDINGS
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HEAD & NECK	Head, Scalp	<input type="checkbox"/>	<input type="checkbox"/>	EXTREMITIES	Hernial Rings	<input type="checkbox"/>	<input type="checkbox"/>	JOINTS	<input type="checkbox"/>	<input type="checkbox"/>	Neck
	Lids-Sclera-Conj.	<input type="checkbox"/>	<input type="checkbox"/>		Inguinal Nodes	<input type="checkbox"/>	<input type="checkbox"/>		Shoulders		
	Eye Muscles	<input type="checkbox"/>	<input type="checkbox"/>		Pulses -Femoral	<input type="checkbox"/>	<input type="checkbox"/>		Elbows		
	Pupils	<input type="checkbox"/>	<input type="checkbox"/>		Popliteal	<input type="checkbox"/>	<input type="checkbox"/>		Wrists		
	Fundi	<input type="checkbox"/>	<input type="checkbox"/>		Post Tibial	<input type="checkbox"/>	<input type="checkbox"/>		Fingers		
	Ears	<input type="checkbox"/>	<input type="checkbox"/>		Dorsalis Pedis	<input type="checkbox"/>	<input type="checkbox"/>		Back		
	Nose / Sinuses	<input type="checkbox"/>	<input type="checkbox"/>		V. Veins <input type="checkbox"/> Edema <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Hips		
	Teeth / Gums	<input type="checkbox"/>	<input type="checkbox"/>		Cyanosis <input type="checkbox"/> Clubbing <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Knees		
	Pharynx	<input type="checkbox"/>	<input type="checkbox"/>		♀ - Vulva / Vagina <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Ankles / Feet		
	Thyroid	<input type="checkbox"/>	<input type="checkbox"/>		Adnexae <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Paralysis		
CHEST	Neck Glands	<input type="checkbox"/>	<input type="checkbox"/>	GENIT - URINE	Cervix <input type="checkbox"/>	<input type="checkbox"/>	Gait	NEUROLOGICAL EXAM	<input type="checkbox"/>	<input type="checkbox"/>	Muscle Atrophy
	Carotid Bruits	<input type="checkbox"/>	<input type="checkbox"/>		Uterus <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Cranial Nerves		
	Chest-Lungs	<input type="checkbox"/>	<input type="checkbox"/>		Utero / Rectocoele <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Tendon Reflexes		
	Heart-Apex (location)	_____	_____		Pap Test (done) <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Romberg		
	Heart Sound	<input type="checkbox"/>	<input type="checkbox"/>		Genitalia - (male)	<input type="checkbox"/>	<input type="checkbox"/>		Babinski		
ABDOMEN	Murmurs / Thrills	<input type="checkbox"/>	<input type="checkbox"/>	ARNOCT	- Prostate	<input type="checkbox"/>	<input type="checkbox"/>	Sensory			
	Breasts & Nipples	<input type="checkbox"/>	<input type="checkbox"/>		Ano-Rectal	<input type="checkbox"/>	<input type="checkbox"/>	Motor			
	Axillary Nodes	<input type="checkbox"/>	<input type="checkbox"/>		Sigmoidoscopy	_____	_____	Vibration			
	Abdominal Masses	<input type="checkbox"/>	<input type="checkbox"/>		DERM	Skin Lesions	<input type="checkbox"/>	<input type="checkbox"/>	Position		
Abdominal Tend	<input type="checkbox"/>	<input type="checkbox"/>	Nail Beds - Fingers	<input type="checkbox"/>		<input type="checkbox"/>	Tremor				
Liver /Spleen	<input type="checkbox"/>	<input type="checkbox"/>	- Toes	<input type="checkbox"/>		<input type="checkbox"/>	Rigidity				
Abdominal Bruits	<input type="checkbox"/>	<input type="checkbox"/>									

INVESTIG	<input type="checkbox"/> CBC	<input type="checkbox"/> CHEST X-RAY	<input type="checkbox"/> MAMMOGRAM
		<input type="checkbox"/> ECG	
	<input type="checkbox"/> PSA		
	<input type="checkbox"/> TESTOSTERONE		

SYNOPSIS	PLANS

The first oral therapy indicated for the treatment of male pattern hair loss in **MEN ONLY**. Safety and efficacy were demonstrated in men, aged 18 to 41, with mild to moderate hair loss of the vertex and anterior mid-scalp area. Efficacy in bitemporal recession has not been established. PROPECIA® (finasteride) is not indicated in women or children.

PROPECIA is contraindicated in women when they are or may potentially be pregnant. Finasteride may cause abnormalities of the external genitalia of a male fetus of a

pregnant woman. PROPECIA is contraindicated in patients with hypersensitivity to any component of this medication. Women should not handle crushed or broken PROPECIA tablets when they are pregnant or may potentially be pregnant because of the possibility of absorption of finasteride and the subsequent potential risk to a male fetus.

The recommended dosage is 1 mg once a day.