YEARLY PHYSICAL

|  |  |  |  |
| --- | --- | --- | --- |
| NAME [Patient Name] | DOB [DOB] | AGE [age] | DATE [date | time] |

## ALLERGIES [Comments]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| HEIGHT [height] |  | WEIGHT [weight] | BLOODPRESSURE [BP] | PULSE [pulse] | LMP [LMP] |

## PROBLEMS ADDRESSED [Comments]

## MEDICATIONS [Comments]

## RXS WRITTEN [Comments]

|  |
| --- |
| RISK FACTORS REVIEWED1. Diet
2. Exercise
3. Safety (seat belts, smoke detectors, firearms, violence)
4. Smoking
5. Alcohol and other drugs
6. STDs/Contraception
7. Advanced directive
8. [Other]
 |
| DISEASE PREVENTION AND RECOMMENDATIONS1. Stroke and coronary disease (BP, cholesterol, weight, stress, aspirin - 81 mg./day)
2. Cancer (diet, vitamin C- 500 mg., E - 400 units)
3. Osteoporosis (exercise, calcium - 1500 mg., vitamin D - 400 units, estrogen)
4. Viruses and colds (wash hands, vitamin C – 500-1000 mg., Echinacea, fluids, zinc)
5. [Other]
 |

## HEALTHMAINTENANCE (enter date or check WS for ‘will schedule’)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Immunizations |  | Lab |  | OTHER |  |
| **Td** | [date] | [ ]  WS | **CBC** | [date] | [ ]  WS | **Pap** | [date] | [ ]  WS |
| **Flu** | [date] | [ ]  WS | **Chem** | [date] | [ ]  WS | **GC/CT** | [date] | [ ]  WS |
| **Pneumovax** | [date] | [ ]  WS | **TSH** | [date] | [ ]  WS | **Mammogram** | [date] | [ ]  WS |
| **Hep.B** | [date] | [ ]  WS | **PSA** | [date] | [ ]  WS | **Bone density** | [date] | [ ]  WS |
| **Hep.C** | [date] | [ ]  WS | **Lipid profile** | [date] | [ ]  WS | **Flex. sig.** | [date] | [ ]  WS |
| **Varicella** | [date] | [ ]  WS | **U/A** | [date] | [ ]  WS | **Treadmill** | [date] | [ ]  WS |
| **[Other]** | [date] | [ ]  WS | **Hemoccults** | [date] | [ ]  WS | **Ophthalmology** | [date] | [ ]  WS |
| **[Other]** | [date] | [ ]  WS | **[Other]** | [date] | [ ]  WS | **[Other]** | [date] | [ ]  WS |

## OTHER RECOMMENDATIONS/REFERRALS [Recommendations/referrals]

## FOLLOW-UP [Follow-up] | NEXT PHYSICAL [date | time]

# ADDITIONAL HISTORY DISCUSSED

[Comments]

## [ ]  Update family history [Comment]

## [ ]  Update surgeries [Comment]

ROS

|  |  |  |
| --- | --- | --- |
| [ ]  **Derm**. [Comment][ ]  **Gastrointestinal** [Comment][ ]  **General** [Comment] | [ ]  **Cardiovascular** [Comment][ ]  **Genitourinary** [Comment][ ]  **HEENT** [Comment] | [ ]  **Neuromuscular** [Comment][ ]  **Psychiatric** [Comment][ ]  **Respiratory** [Comment] |

PHYSICAL EXAM

|  |  |  |
| --- | --- | --- |
| **Head** [Comment]**Eyes** [Comment]**Ears** [Comment]**Nose** [Comment]**Throat** [Comment]**Thyroid** [Comment]**Nodes** [Comment]**Carotids** [Comment]**Skin** [Comment] | **Heart** [Comment]**Lungs** [Comment]**Breasts** [Comment]**Abdomen** [Comment]**Vulva** [Comment]**Vagina** [Comment]**Cervix** [Comment]**Uterus** [Comment]**Adnexae** [Comment] | **Extremities** [Comment]**Scrotum** [Comment]**Penis** [Comment]**Hernia** [Comment]**Prostate** [Comment]**Rectal** [Comment] |