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 REVIEWED   1. 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 RECOMMENDATIONS   1. 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] |