

YEARLY PHYSICAL

Name					Date					
Allergies					DOB				Age	
Height		Weight		Blood pressure		Pulse		LMP		

PROBLEMS ADDRESSED	MEDICATIONS	RXS WRITTEN

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	

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	

HEALTH MAINTENANCE (enter date, or ✓ if done today, or WS for "will schedule")						
Immunizations	Td	Flu	Pneumovax	Hep.B	Hep.C	Varicella
Lab	CBC	Chem	TSH	PSA	Lipid profile	
	U/A		Hemocults	Other		
Pap	GC/CT					
Mammogram	Bone density					
Flex. sig.	Treadmill			Ophthalmology		

OTHER RECOMMENDATIONS/REFERRALS

Follow- up		Next physical	
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Dr. Name: _____

Name		Date	
		DOB	Age

ADDITIONAL HISTORY DISCUSSED

<input type="checkbox"/> Update family history	<input type="checkbox"/> Update surgeries
ROS	
<input type="checkbox"/> HEENT	<input type="checkbox"/> Gastrointestinal
<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Genitourinary
<input type="checkbox"/> Respiratory	<input type="checkbox"/> Neuromuscular
	<input type="checkbox"/> General
	<input type="checkbox"/> Psychiatric
	<input type="checkbox"/> Derm.

PHYSICAL EXAM

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

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