

## YEARLY PHYSICAL

<b>Name</b>					<b>Date</b>					
Allergies					<b>DOB</b>				<b>Age</b>	
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")						
<b>Immunizations</b>	Td	Flu	Pneumovax	Hep.B	Hep.C	Varicella
<b>Lab</b>	CBC	Chem	TSH	PSA	Lipid profile	
	U/A		Hemocults	Other		
Pap		GC/CT				
Mammogram		Bone density				
Flex. sig.		Treadmill		Ophthalmology		

OTHER RECOMMENDATIONS/REFERRALS

<b>Follow- up</b>		<b>Next physical</b>	
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<b>Name</b>		<b>Date</b>		
		<b>DOB</b>		<b>Age</b>

ADDITIONAL HISTORY DISCUSSED			
<input type="checkbox"/> Update family history		<input type="checkbox"/> Update surgeries	
<b>ROS</b>	<input type="checkbox"/> HEENT	<input type="checkbox"/> Gastrointestinal	<input type="checkbox"/> General
	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Psychiatric
	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Neuromuscular	<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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Physician's Name

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Date