

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.	Advanced directive	

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		

OTHER RECOMMENDATIONS/REFERRALS

Follow- up		Next physical	
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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			
Eyes		Lungs			
Ears		Breasts			
Nose		Abdomen			
Throat		Adnexae			
Thyroid		Extremities			
Nodes					
Carotids					
Skin					

Physician Signature

Date

Location

Phone Number