

Medical Form

Date _____ Name _____
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, vitamins C 500 mg and 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")

1. Immunizations Td _____ Flu _____ Pneumovax _____ Hep.B _____ Hep.C _____ Varicella _____
2. Lab CBC _____ Chem _____ TSH _____ PSA _____ Lipid profile _____
U/A _____ Hemocults _____ Other _____
3. Pap _____ GC/CT _____
4. Mammogram _____ Bone Density _____
5. Flex. Sig. _____ Treadmill _____ Ophthalmology _____

Other Recommendations/Referrals _____

Follow up _____ Next Physical _____

Date 8/26/2013

Name _____

DOB _____ Age _____

Additional history discussed

Update Family History Update Surgeries

- R
 - O
 - S
- | | | |
|---|---|--------------------------------------|
| <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 _____
Thyroids _____	Vagina _____	Rectum _____
Nodes _____	Cervix _____	
Carotids _____	Uterus _____	
Skin _____	Adnexae _____	