



Annual Physical Examination

Name _____ Date _____
Age _____ DOB _____
HX of Present Illness _____

HX of Past Year _____

Past Medical History _____

Surgical HX _____

Medical: See Current POS – Meds Reviewed

Allergies _____

Diet Recommendations (Check): SOLID Regular Mechanical Soft Fine Chopped Pureed
LIQUID No Restrictions Thin Liquids Only
Thickened (choose consistency) Nectar Honey Pudding

Family HX _____

Social History:

Marital Status _____ Employment _____
Smoking History _____
Alcohol History _____
Other Substances _____
Placement _____
Family Support _____

Review of Systems:

HEENT _____
Pulmonary _____
Cardiovascular _____
Skin _____
GI _____
GU _____
Musculoskeletal _____
Neuro _____
Endocrine _____
Renal _____
Other _____

Description – General:

Height _____ Weight _____ Prior Year Weight _____
Pulse _____ PB _____ Temperature _____

Name _____ Date _____

	<u>NORMAL</u>	<u>ABNORMAL</u>	<u>COMMENTS</u>
HEENT			
Head	_____	_____	_____
Eyes	_____	_____	_____
Ears	_____	_____	_____
Nose	_____	_____	_____
Throat	_____	_____	_____
Skin	_____	_____	_____
Neck	_____	_____	_____
Adenopathy	_____	_____	_____
Breast	_____	_____	_____
RESP	_____	_____	_____
CV	_____	_____	_____
ABD	_____	_____	_____
GU	_____	_____	_____
GI	_____	_____	_____
Extremities	_____	_____	_____
Pulse	_____	_____	_____
Rectal	_____	_____	_____
Prostate	_____	_____	_____
Neuro	_____	_____	_____

Assess: _____

Plan: _____

Immunizations: _____

Bloodwork: _____

_____ Practitioner's Name/Date	_____ Practitioner's Signature
_____ Address	