## **Annual Physical Exam Checklist**

Name:	
Date of Birth:	
Contact Information:	
Veight: Height:	
Medical History:	
ist any chronic medical conditions	
Specify allergies and any known drug allergies	
Record current medications and dosages	
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Mention any surgeries or hospitalizations in the past year	
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s there a family history of major illnesses or hereditary conditions? If so, please provide detail	15.

Vital Signs:	<ul><li>Prostate-specific antigen (PSA) test (for men).</li></ul>
□ Blood pressure measurement.	□ Colorectal cancer screening (as
Heart rate measurement.	recommended).
Respiratory rate measurement.	□ Not Examined
☐ Temperature measurement.	Vision and Hearing:
□ Not Examined	□ Vision test.
Physical Examination:	Hearing test (if indicated).
Head and neck examination.	□ Not Examined
Heart and lung examination.	Immunizations:
☐ Abdominal examination.	<ul> <li>Update on vaccinations, such as influenza, tetanus, and others based on your age and</li> </ul>
Neurological examination.	risk factors.
Skin examination.	□ Not Examined
Musculoskeletal examination.	Bone Health (if indicated):
□ Not Examined	Bone density scan (for osteoporosis assessment).
Laboratory Tests:	□ Not Examined
<ul> <li>Blood tests, including a complete blood count (CBC) and comprehensive metabolic panel (CMP).</li> </ul>	Lifestyle and Behavioral Health:
Lipid profile (cholesterol levels).	Review of diet and exercise habits.
	<ul> <li>Review of alcohol and tobacco use.</li> </ul>
Blood glucose level.	Mental health assessment.
Urinalysis.	□ Discussion of stress management and
□ Not Examined	sleep patterns.
Cancer Screenings (as recommended for your age and gender):	■ Not Examined
Mammogram (for women).	
Pap smear (for women).	