

Annual Physical Exam Checklist

Name: _____

Date of Birth: _____

Contact Information: _____

Weight: _____ Height: _____

Medical History:

List any chronic medical conditions

Specify allergies and any known drug allergies

Record current medications and dosages

Mention any surgeries or hospitalizations in the past year

Is there a family history of major illnesses or hereditary conditions? If so, please provide details.

Vital Signs:

- Blood pressure measurement.
- Heart rate measurement.
- Respiratory rate measurement.
- Temperature measurement.
- Not Examined

Physical Examination:

- Head and neck examination.
- Heart and lung examination.
- Abdominal examination.
- Neurological examination.
- Skin examination.
- Musculoskeletal examination.
- Not Examined

Laboratory Tests:

- Blood tests, including a complete blood count (CBC) and comprehensive metabolic panel (CMP).
- Lipid profile (cholesterol levels).
- Blood glucose level.
- Urinalysis.
- Not Examined

Cancer Screenings (as recommended for your age and gender):

- Mammogram (for women).
- Pap smear (for women).

- Prostate-specific antigen (PSA) test (for men).
- Colorectal cancer screening (as recommended).
- Not Examined

Vision and Hearing:

- Vision test.
- Hearing test (if indicated).
- Not Examined

Immunizations:

- Update on vaccinations, such as influenza, tetanus, and others based on your age and risk factors.
- Not Examined

Bone Health (if indicated):

- Bone density scan (for osteoporosis assessment).
- Not Examined

Lifestyle and Behavioral Health:

- Review of diet and exercise habits.
- Review of alcohol and tobacco use.
- Mental health assessment.
- Discussion of stress management and sleep patterns.
- Not Examined