

Annual Physical Exam

Patient Information

Name:

Date of Birth:

Gender:

Vital Signs

Blood Pressure:

Heart Rate:

Respiratory Rate:

Temperature:

Medical History

Current Medications:

Known Allergies:

Past Medical Conditions:

Family Medical History:

Lifestyle Factors

Dietary Habits:

Exercise Routine:

Sleep Patterns:

Substance Use:

Physical Examination

General Appearance

Appearance and Hygiene:

Nutritional Status:

Behavior and Mood:

Systems Examination

Cardiovascular System:

Respiratory System:

Musculoskeletal System:

Neurological System:

Gastrointestinal System:

Dermatological Examination:

Screening Tests and Investigations

Blood Glucose:

Cholesterol Levels:

Cancer Screenings (if applicable):

Discussion and Recommendations

Review of Findings:

Health Education:

Preventive Measures:

Follow-up Recommendations:

Additional Notes

Patient Concerns:

Additional Observations:

Plan for Further Investigations (if needed):