

# Comprehensive Medical Check-Up

Patient Information	
Full Name:	
Date of Birth:	
Gender:	
Contact Information:	

Medical History	
Current health conditions:	
Existing concerns or symptoms:	
Family medical history:	

Physical Examination	
Vital signs (BP, HR, RR, Temp):	
Head-to-toe examination:	

### **Blood Tests and Laboratory Assessments**

Complete Blood Count (CBC):

Cholesterol levels:

Blood sugar levels:

Kidney and liver function tests:

### **Screenings and Tests**

Age and gender-appropriate screenings

### **Immunizations and Vaccinations**

Immunization status review:

Recommendations for vaccinations:

### **Lifestyle and Behavioral Assessment**

Diet, exercise, sleep, stress:

Lifestyle guidance:

### **Counseling and Health Education**

Personalized preventive advice:

Health education on specific issues:

<b>Medication Review</b>	
Current medications:	
Adjustments or modifications:	

<b>Follow-Up Recommendations</b>	
Follow-up suggestions:	
Referrals or additional tests:	