

# Female Annual Physical Exam Checklist

Patient information		
Full name:		
Date of birth:		
Age:		
Date of exam:		
Contact information:		
Emergency contact:		
Health/medical history:		
Screening and testing category	Components	Results/Remarks
Vital signs and general health assessment	Blood pressure	
	Heart rate	
	Respiratory rate	
	Temperature	
	Height	
	Weight	
	BMI (Body mass index)	
Cardiovascular health ( <i>indicate whether findings are normal or abnormal</i> )	Blood pressure screening	
	Cholesterol screening	
	Diabetes screening (fasting blood glucose)	

<b>Cancer screening</b>	Breast cancer screening (mammogram):	
	Not required this year	
	Conducted	
	Cervical cancer screening (Pap smear):	
	Not required this year	
	Conducted	
	Colorectal cancer screening (if age-appropriate):	
	Not required this year	
	Conducted	
	Lung cancer screening (if age-appropriate):	
	Not required this year	
	Conducted	
<b>Bone density screening (if age-appropriate)</b>	Osteoporosis screening:	
	Not required this year	
	Conducted	
<b>General physical exam (<i>indicate whether findings are normal or abnormal</i>)</b>	Lymph node examination	
	Clinical breast exam	
	Pelvic exam	
	Skin examination	
<b>Mental and emotional health screening</b>	Anxiety screening:	
	None detected	
	Moderate	
	Mild	
	Severe	
	Depression screening:	
	None detected	
	Moderate	
	Mild	
	Severe	

**Additional notes****Healthcare professional information**

Name of examiner:

License ID:

Signature:

Date: