Medical Check Up Checklist

Personal information				
Name		Age		
Date of birth	Contact number			
Address				
Emergency contact	Contact number			
Previous medical conditions				
 ☐ Hypertension ☐ Diabetes ☐ Asthma ☐ Heart Disease ☐ Other (specify):				
Current medications				

Alcohol consumption
☐ Non-drinker
☐ Moderate drinker
☐ Heavy drinker
Smoking status
□ Non-smoker
☐ Former smoker
☐ Current smoker
Physical activity
□ Sedentary
☐ Light exercise (1-2 times/week)
☐ Moderate exercise (3-4 times/week)
☐ Regular exercise (5+ times/week)
Current symptoms
Current symptoms Fatigue
☐ Fatigue
☐ Fatigue ☐ Shortness of breath
 □ Fatigue □ Shortness of breath □ Chest pain or discomfort
 □ Fatigue □ Shortness of breath □ Chest pain or discomfort □ Persistent cough
 □ Fatigue □ Shortness of breath □ Chest pain or discomfort □ Persistent cough □ Fever or chills
 □ Fatigue □ Shortness of breath □ Chest pain or discomfort □ Persistent cough □ Fever or chills □ Unexplained weight loss
Fatigue Shortness of breath Chest pain or discomfort Persistent cough Fever or chills Unexplained weight loss Other (specify):
Fatigue Shortness of breath Chest pain or discomfort Persistent cough Fever or chills Unexplained weight loss Other (specify):
□ Fatigue □ Shortness of breath □ Chest pain or discomfort □ Persistent cough □ Fever or chills □ Unexplained weight loss □ Other (specify): Vital signs Systolic blood pressure: mmHg
□ Fatigue □ Shortness of breath □ Chest pain or discomfort □ Persistent cough □ Fever or chills □ Unexplained weight loss □ Other (specify):

Physical examination
 ☐ Height: cm/inches ☐ Weight: kg/pounds ☐ Body Mass Index: ☐ Waist circumference: inches/cm
Laboratory tests (if applicable)
Complete Blood Count (CBC) Lipid Panel Blood Glucose Urinalysis X-ray MRI CT scan Other (specify):
Other findings
Recommendations

Additional notes		