## Medical Check Up Checklist

## Personal information

Name Age

Date of birth
Contact number

Address

Emergency contact
Contact number

Previous medical conditionsHypertensionDiabetesAsthmaHeart Disease
$\square$ Other (specify): $\qquad$

## Current medications

## Alcohol consumption

Non-drinkerModerate drinkerHeavy drinker
## Smoking status

Non-smokerFormer smoker$\square$ Current smoker

## Physical activity

$\square$ SedentaryLight exercise (1-2 times/week)Moderate exercise (3-4 times/week)Regular exercise (5+ times/week)

## Current symptoms

FatigueShortness of breath$\square$ Chest pain or discomfortPersistent coughFever or chillsUnexplained weight lossOther (specify): $\qquad$

## Vital signs

Systolic blood pressure: $\qquad$ mmHgDiastolic blood pressure: $\qquad$ mmHgHeart rate: $\qquad$ beats per minuteRespiratory rate: $\qquad$ breaths per minute
$\square$ Temperature: $\qquad$ degrees Celsius/Fahrenheit

## Physical examination

Height: $\qquad$ cm/inchesWeight: $\qquad$ kg/poundsBody Mass Index: $\qquad$Waist circumference: $\qquad$ inches/cm
## Laboratory tests (if applicable)

$\square$ Complete Blood Count (CBC)
$\square$ Lipid Panel
$\square$ Blood GlucoseUrinalysis
$\square$ X-ray
$\square$ MRI
$\square$ CT scan
$\square$ Other (specify): $\qquad$

## Other findings

## Recommendations

