Wellness Exam Template

Patient Name: ______________________

Gender: ______________________

DoB: ______________________

Practitioner Name: ______________________

Healthcare Practice: ____

Patient Concerns (if any):

Physical Wellness Exam

Height: ______________________

Weight: ______________________

Heart Rate: ______________________

Blood Pressure: ______________________

	Concerns	No Concerns
Abdominal area	☐	☐
Pelvic area	☐	☐
Breast	☐	☐
Rectal area	☐	☐

Further Testing Required

☐ Yes

☐ No

If yes:

Overall Physical Ability

Current Medications

Family History

Treatment Plan

Risk Profiles

	Low	Medium	High
Alzheimer's Disease			
Dementia			
Fall Risk			

Support Contacts (if applicable):

Additional Notes: