

# 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
<b>Abdominal area</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pelvic area</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Breast</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Rectal area</b>	<input type="checkbox"/>	<input type="checkbox"/>

## 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: