Room #:				
Date:	Pt Name:	_DOB:	Pt Age: Insurance:	
Allergies:	Pharmacy:			
Current Meds:	· Harmacy.			
			WEIGHT:	
**Hospitalizations: **Specialists:				
riospitalizati	ons. Specialis		HEIGHT:	

**Surgical Hist	ory:		BMI:	
			Bivii.	
**Family Histo	ry:			
Maternal: Mo	BP:			
Fath	· ·			
Paternal: Mot	TEMP:			
Fath	er:			
**Social Histor	PULSE:			
occupation	Years in USA:		RESP. RATE:	
وومات			<u> </u>	
	ss: DM / HTN / CVA /	HDL / CA	ANCER	
**Gynecological				
**Immunizatio	ns:			
flu:		•		
Covid:			, , , , , , , , , , , , , , , , , , , ,	
Pneumonia (Prevnar):			, , , , , , , , , , , , , , , , , , , ,	
Shringrix (Shingles) > 65:			☐ TB RISK ASSESSMENT	
ustavax (varicena):			□ PHQ9	
DAP (TETNUS) ever	y 10 years:		☐ PAIN ASSESSMENT	
			☐ MEDICATION REVIEW	
Ages 50-64 office or immunocompromised (19-49) shingles/shingrix:				
Ages 200 Send to pharmacy for Simight			☐ STAYING HEALTHY ASSESSMENT ☐ PEARLS (1 MONTH-18 YEARS)	
really screening/Preventative care:				
All patients ACE Screening 19-100 once lifetime 0-18 once a vear			☐ ACES (19-65 YEARS) ☐ MINI COG	
All ages PHQ9 D	epression		LJ WINI COG	
IIV testing starting	; 15 years old and up			
Nale: age 40 & up	= PSA			
ge 18-75	= BMI			
~	= Glaucoma			
ge 21-64 female = Pap Smear		Reaso	Reason for visit:	
=	= DEXA every 2 years or if risk factors 50-64			
ge > 40	= Mammogram every year			
	= Chlamydia = Folio poid 0.4.0.8mg			
**	= Folic acid 0.4-0.8mg = Colonoscopy every 10 years l.ast physical:		hysical:	
age > 65-75 males(smoked) = Abdominal Ultrasound		i.ast pi	rry sicat.	
	/smoked = LD CT of Chest annually			
Occult blood yearly				
	ts year ophthalmology			
	, TDAP, FLU SEND TO PHARMACY			
DIABETES EVERY	VISIT FOOT EXAM, Q 3 MONTHS A1C, YEARLY E	YE EXAM	-	
ICD10	CPT	nerr	EEDALS/TESTS/MEDS/LABS	

REFFEERALS/TESTS/MEDS/LABS

☐ When was the last physical?
☐ Are there any labs due?
□ Is the nationt's nharmacy still the same?

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