Room #:

Date:_____ **Pt Name:** _____ **DOB:**_____ **Pt Age:**_____ **Insurance:**_____

Allergies:_____ **Pharmacy:**_____
Current Meds:

WEIGHT:

HEIGHT:

BMI:

BP:

TEMP:

PULSE:

RESP. RATE:

****Hospitalizations:** ****Specialists:**

****Surgical History:**

****Family History:**
Maternal: Mother:
Father:
Paternal: Mother:
Father:

****Social History:** Smoking: Y/N Alcohol: Y/N Drugs: Y/N
Occupation:_____ Years in USA: ___

****Chronic Illness:** DM / HTN / CVA / HDL / CANCER
****Gynecological History:** LMP:
****Immunizations:**
Flu:
Covid:
Pneumonia (Prevnar):
Pneumonia (Pneumovax):
Shringrix (Shingles) > 65:
Zostavax (Varicella):
TDAP (TETNUS) every 10 years:
MMR:
Ages 50-64 office or immunocompromised (19-49) shingles/shingrix:
Ages >65 send to pharmacy for Shingrix

- ☐ CRAFFT (12-21 YEARS)
- ☐ TAPS (21-39 YEARS)
- ☐ TB RISK ASSESSMENT
- ☐ PHQ9
- ☐ PAIN ASSESSMENT
- ☐ MEDICATION REVIEW
- ☐ FALL RISK ASSESSMENT
- ☐ STAYING HEALTHY ASSESSMENT
- ☐ PEARLS (1 MONTH-18 YEARS)
- ☐ ACES (19-65 YEARS)
- ☐ MINI COG

****Yearly Screening/Preventative care:**
<u>All patients ACE Screening 19-100 once lifetime 0-18 once a year</u>
<u>All ages PHQ9 Depression</u>
HIV testing starting 15 years old and up
Male: age 40 & up = **PSA**
Age 18-75 = **BMI**
Age > 65 = **Glaucoma**
Age 21-64 female = **Pap Smear**
Age > 60 female = **DEXA every 2 years or if risk factors 50-64**
Age > 40 = **Mammogram** every year
Age 16-24 = **Chlamydia**
Age 13-50 = **Folic acid 0.4-0.8mg**
Age 50-75 = **Colonoscopy** every 10 years
Age > 65-75 males(smoked) = **Abdominal Ultrasound**
Age 20-50 smoking/smoked = **LD CT of Chest annually**
Occult blood yearly 40+
All Diabetes patients year ophthalmology
***PART D SHINGLES, TDAP, FLU SEND TO PHARMACY**
***DIABETES EVERY VISIT FOOT EXAM, Q 3 MONTHS A1C, YEARLY EYE EXAM**

Reason for visit:

Last physical:

ICD10	CPT	REFFEERALS/TESTS/MEDS/LABS

☐ When was the last physical?

☐ Are there any labs due?

☐ Is the patient's pharmacy still the same?