

Name: _____ DOB: _____ Actual Age: _____
 Date: _____ Language Spoken: _____ Interpreter Name: _____

21-39 YEARS -FEMALE

NURSING INTAKE

Height: _____ Weight: _____ BMI: _____ BP: _____ Temp.: _____ Pulse: _____ Resp.: _____
 Allergies: _____ Advance Directive education: Yes / No
 Abuse: Witness or victim: _____ Notes: _____
 Alternate health care provider: _____ MA signature: _____

INTERVAL HISTORY

Diet: _____ Meds/Vits.: _____
 Appetite: _____ Weight loss/gain: _____ History of depression? Yes/No
 Physical activity: _____ LMP: _____ Tobacco/alcohol/drug use: _____
 Illnesses, stomach, headache, fatigue: _____ Previous surgery: _____
 Menarche: G P A Hx of breastfeeding: _____ Family history: HTN, heart disease, high cholesterol, DM, asthma
 Sexual activity: _____ Exposure to tobacco smoke: _____
 TB Risk: Yes / No Seeing dentist: Yes / No

MMR:

Varicella or chicken pox Hx date: _____ Date of last Td: _____

PATIENT CONCERNS:

PHYSICAL EXAMINATION

General Appearance [] Well nourished and developed	Breast (female) [] No masses
[] No abuse/neglect evident	Lungs [] Clear to auscultation bilaterally
Head [] No lesions	Abdomen [] Soft, no masses, liver & spleen normal
Eyes [] PERRL, conjunctivae & sclerae clear	Genitalia [] Grossly nl
[] Vision grossly normal	Female [] No lesions, nl external appearances
Ears [] Canals clear, TMs normal	Female [] Rectal
[] Hearing grossly normal	[] Pap completed <i>or</i>
	[] Dr: _____ Date: _____ (if done elsewhere)
Nose [] Passages clear, MM pink, no lesions	Femoral pulses [] Normal
Teeth [] Grossly normal, no cavities	Extremities [] No deformities, full ROM
Neck [] Supple, no masses, thyroid not enlarged	Lymph nodes [] Not enlarged
Chest [] Symmetrical	Back [] No scoliosis
Heart [] No organic murmurs, regular rhythm	Skin [] Clear, no significant lesions
	Neurologic [] Alert, no gross sensory or motor deficit

ASSESSMENT:

PLAN:

ORDERS:

[] MMR	[] Vaccine reactions, risks and follow- up explained / VIS sheets given.	[] Varicella (if no history date)	[] Rx. For folic acid 1 mg qd (order if female)
[] UA (yearly)	[] Influenza vaccine (if high risk)	[] Lipid profile (repeat every five years)	
[] PPD	[] Pneumo (if high risk)	[] Nutritional assessment	
[] Td/Tdap (if not up to date)	[] HPV (until age 26 if not up to date)	[] Dental referral given	
[] Counsel re: HIV (test if at risk)		[] Pap, GC, Chlamydia, VDRL (if sexually active)	

STOP SMOKING: [] Advise smoker to quit [] Discuss smoking cessation medication [] Discuss smoking cessation strategies

ANTICIPATORY GUIDANCE: Circle if discussed

Correct diet: Obesity, eating disorders, and junk food, physical activity.
 Accident prevention: seat belt use, safety helmet, risk-taking behavior, DUI, guns, violent behavior, and motor vehicle safety.
 Guidance: Smoking, alcohol, marijuana, cocaine, IV and other drugs, suicidal ideation, sex education, (partner selection, condoms, contraception, AIDS risk factors), goals in life, regular exercise, sun screen, ASA use, breastfeeding, SBE.
 Personal development: independence, work activities, personal development, family, social interaction, communication.

Next appointment [] 1 or 2 or 3 years or _____ Signature _____ Date _____