

ADULT WELL VISIT – AGES 22 to 39 YEARS

Male Female

Name: _____ ID # _____ Age: _____ DOB: _____ IHEBAT 120-Day IHA

Accompanied by: Spouse Relative Other: _____ Date of Visit: _____

Wt: Lbs/oz/kg (%ile)	Ht: Inch/cm (%ile)	BMI:	B/P:	Temp : F°/C°	Vision Both : Rt : Lt :	Audiometric: Rt: _____ Lt: _____ RN/MA
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MEDICAL HISTORY

PHYSICAL EXAM

(✓ if within Normal Limits)

Interim History

No Problems

Significant Illness / Injury _____

Surgeries _____

Medications: _____

Allergies: _____

Visits to other health care provider: (name) _____

Yes No Immunizations current

NL Comment if Abnormal

General Appearance

Skin

Head

Eyes

E.N.T.

Mouth /Teeth

Lymph

Neck

Lungs

Heart

Abdomen

Breasts

Back

Ext/Hips/Feet

Neurologic / Reflexes

Groin / Hernia

Rectal Occult Blood + -

Nutrition

No Problems

Healthy Food Choices

Empty Calories Discussed

Weight Management

Females: Pelvic Exam Vagina Vulva, BUS

Cervix Uterus Adnexa

Males: Circ Uncircumcised Penis

Scrotum Testes Prostate

Instructions in self breast exam/self testicular exam

SOCIAL / FAMILY HISTORY

No Interval Changes

Married Single Divorced

Children _____ Ages: _____

Work / Occupation: _____

School: _____

Sexually Active Yes No Previously

Menarche _____ / LMP _____

Using Birth Control Method: _____

Exercises Regularly _____

Hobbies, Recreational activities _____

History of Smoking Smokers in the House

Alcohol Use / Abuse Recreational Drugs

ASSESSMENT

Well Adult

REFERRALS

WIC CPSP Vision Referral

Dietician Hearing Referral

Counseling Dental Referral

Mammogram (High Risk under age 40)

Other: _____

HEALTH EDUCATION

(✓ if discussed or handout given)

Healthy habits – adequate sleep, exercise, fluids

Diet / Nutrition: weight control, diabetes, cholesterol, hypertension, heart disease, liver failure, renal failure

Sexual Activity Information: STDs, HIV, Safer sex

Pregnancy Prevention

Regular dental care

Guidance: Smoking, alcohol, drugs, stress, Depression

Injury Prevention: seat belts, helmets, sunscreen, protective sports gear, gun safety

Advanced Healthcare Directives

Domestic violence and suicide prevention

Anger management and conflict resolution

Medication & IZ counseling

Calcium, Folic Acid Supplements

IMMUNIZATIONS

Hep B VZV Hep A

Td Pneumococcal Influenza

MMR Other: _____

Vaccine Information Statements (VIS) Given to patient

PPD Date given: _____
Results: _____

CXR Results: _____

LABORATORY

Urine _____ Cholesterol (men screen at age 35)

Fasting Blood Glucose _____

Pap Smear _____

Chlamydia Screening (sexually active females 25 yrs & under)

Plan: 1. NEXT VISIT: _____
2. _____

Signature _____ MD/DO/NP/PA / Date: _____