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________________

MEDICAL HISTORY

Interim History

- ☐ No Problems
  - ☐ Significant Illness / Injury _______________
  - ☐ Surgeries ____________________________
  - ☐ Medications: _________________________
  - ☐ Allergies: ___________________________
  - ☐ Visits to other health care provider:
    (name) ______________________________
- ☐ Yes ☐ No Immunizations current

Nutrition

- ☐ No Problems
  - ☐ Healthy Food Choices
  - ☐ Empty Calories Discussed
  - ☐ Weight Management

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

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
- ☐ ____

PHYSICAL EXAM
(✓ if within Normal Limits)

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 + -

Females: ☐ Pelvic Exam ☐ Vagina ☐ Vulva, BUS
☐ Cervix ☐ Uterus ☐ Adnexa

Males: ☐ Circ ☐ Uncircumcised ☐ Penis
☐ Scrotum ☐ Testes ☐ Prostate

☐ Instructions in self breast exam/self testicular exam

ASSESSMENT

☐ Well Adult

REFERRALS

- ☐ WIC ☐ CPSP ☐ Vision Referral
- ☐ Dietician ☐ Hearing Referral
- ☐ Counseling ☐ Dental Referral
- ☐ Mammogram (High Risk under age 40)
- ☐ Other: ______________________________

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:__________