ADULT WELL VISIT – AGES 40 to 64 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
- ☐ Menopause counseling
- ☐ 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	
☐	Breast	
☐	Abdomen	
☐	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

- ☐ Dietician ☐ Vision Referral ☐ Hearing Referral
- ☐ CPSP ☐ Counseling ☐ Dental Referral
- ☐ Mammogram (screen women at age 40 yrs)
- ☐ Sigmoidoscopy / Colonoscopy (screen at age 50 yrs)
- ☐ 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_____ ☐ Pap Smear ☐ Thyroid Screen
- ☐ Fasting Blood Glucose ☐ _____
- ☐ Cholesterol (screen: men at age 35 / women at age 45)
- ☐ Chlamydia Screening (High Risk individuals)

Plan: 1. **NEXT VISIT:** _____

2. **Signature**_____**MD/DO/NP/PA Date**:_____