FEMALE ADULT 50+ YEARS	Name:
Visit Date: ___/____/____	DOB: ____/____/____ Age: _____
Language spoken: ☐ English Other:	☐ Interpreter used – Name:

BP: L R	T:	P:	R:	Height:	Weight:	BMI:

Reason for visit:	
Allergies:	**Signature/ Title:**

INTERVAL HISTORY		**EDUCATION / ANTICIPATORY GUIDANCE:** *Check if discussed*	
Diet:	Appetite:	**Diet and exercise**	☐ food choices/caloric balance ☐ appropriate weight ☐ body image ☐ eating disorders ☐ physical activity
Weight - significant ☐ loss ☐ gain # lbs.:			
Physical Activity:		**Safety**	☐ anger management ☐ domestic violence ☐ DUI ☐ seat belt use ☐ weapons
Seeing dentist: ☐ Yes ☐ No **TB risk:** ☐ No ☐ Yes			
Medications / Vitamins:		**High Risk Behaviors**	☐ smoking ☐ alcohol, drugs ☐ sexual activity (condoms, contraception, STD risk)
LMP:____/____/____ menopause age:			
G: P: Ab: ☐ breastfeeding history		**Guidance**	☐ daily ASA ☐ depression ☐ family communication ☐ breast self exam ☐ personal goals ☐ sun screen
Sexually active: ☐ No ☐ Yes – contraception type:			
Tobacco - ☐ smoke exposure ☐ use		☐ **Advance Directives** information offered/discussed	
Alcohol: ☐ No ☐ Yes		Comments:	
Drugs: ☐ No ☐ Yes			

IMMUNIZATIONS - year: Last Td: Varicella or chicken pox:

Illnesses, accidents, headaches, fatigue, depression:

PATIENT CONCERNS:

PHYSICAL EXAMINATION – *note required for all not WNL*

General Appearance	☐ well nourished and developed ☐ no abuse/neglect evident	**Heart**	☐ regular rhythm ☐ no murmur
		Femoral pulses	☐ normal bilaterally
Head	☐ grossly normal	**Abdomen**	☐ soft, no masses ☐ liver & spleen normal
Eyes	☐ PERRL ☐ vision grossly normal	**Genitalia**	☐ grossly normal
Ears	☐ canals clear ☐ TMs normal ☐ hearing grossly normal	*Pap/Chlamydia*	☐ not indicated ☐ done ☐ referral made
		Rectal	☐ normal Occult blood - ☐ no ☐ yes
Nose	☐ passages clear ☐ MM pink, no lesions	**Spine**	☐ no scoliosis
Teeth	☐ good dentition ☐ no caries evident	**Extremities**	☐ no deformities, full ROM
Neck	☐ supple ☐ thyroid not enlarged	**Skin**	☐ clear, no significant lesions
Chest/Breasts	☐ symmetrical ☐ no masses	**Neurologic**	☐ no gross sensory or motor deficit
Lungs	☐ clear to auscultation bilaterally		

ASSESSMENT: *Repeat BP if > 140/90*	**PLAN:**

ORDERS: ☐ Vaccine reactions, risks and follow-up explained /VIS sheets given

Immunizations *(if indicated / not up to date)*
☐ varicella ☐ Td ☐ influenza vaccine
☐ zoster *(if ≥ 60)*
☐ pneumovax *(if ≥ 65 or high risk)*

Diagnostic Testing *(if indicated/at risk)*
☐ Lipid profile *(q 5 years)* ☐ HbA1c
☐ HIV test ☐ U/A ☐ PPD

Screening
☐ nutritional assessment
☐ colonoscopy *(every 10 years)*
☐ hearing and vision *(≥65)*
☐ osteo screen *(≥65 or at risk)*
☐ mammogram *(every 1 to 2 years)*
☐ pap smear *(> 65 only if abnormal hx.)*

Prevention: ☐ ASA 81mg qd
Other:

REFERRAL: ☐ Dental ☐ Drug/ETOH Rehab ☐ Smoking cessation ☐ OB/Gyn ☐ Mental Health Other: _____

Next appointment: ☐ 1 year or _____ **Provider Signature:** _____