MALE ADULT 21 – 49 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)
Sexually active: ☐ No ☐ Yes – contraception type:			
Tobacco - ☐ smoke exposure ☐ use		**Guidance**	☐ daily ASA ☐ depression ☐ family communication ☐ testicular self exam ☐ personal goals ☐ sun screen
Alcohol: ☐ No ☐ Yes			
Drugs: ☐ No ☐ Yes		☐ **Advance Directives** information offered/discussed	
IMMUNIZATIONS - year: Last Td:		Comments:	
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	**Rectal**	☐ normal Occult blood - ☐ no ☐ yes
		Prostate	
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
☐ Pneumovax *(if high risk)*

Screening
☐ Nutritional assessment

Prevention: ☐ ASA 81mg qd

Diagnostic Testing *(if indicated/at risk)*
☐ Lipid profile *(q 5 years > 35 or at risk)* ☐ HbA1c
☐ HIV test ☐ U/A ☐ PPD ☐ PSA

Other:

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

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