MALE ADULT 50+ YEARS

MALE 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	
Diet:	Appetite:
Weight - significant ☐ loss ☐ gain # lbs.:	
Physical Activity:	
Seeing dentist: ☐ Yes ☐ No	**TB risk:** ☐ No ☐ Yes
Medications / Vitamins:	
Sexually active: ☐ No ☐ Yes – contraception type:	
Tobacco - ☐ smoke exposure ☐ use	
Alcohol: ☐ No ☐ Yes	
Drugs: ☐ No ☐ Yes	
IMMUNIZATIONS - year: Last Td:	
Varicella or chicken pox:	

EDUCATION / ANTICIPATORY GUIDANCE: *Check if discussed*	
Diet and exercise	☐ food choices/caloric balance ☐ appropriate weight ☐ body image ☐ eating disorders ☐ physical activity
Safety	☐ anger management ☐ domestic violence ☐ DUI ☐ seat belt use ☐ weapons
High Risk Behaviors	☐ smoking ☐ alcohol, drugs ☐ sexual activity (condoms, contraception, STD risk)
Guidance	☐ daily ASA ☐ depression ☐ family communication ☐ testicular self exam ☐ personal goals ☐ sun screen
☐ **Advance Directives** information offered/discussed	
Comments:	

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 $\geq$ 65 or high risk)*
☐ Zoster*(if $\geq$ 60 or high risk)*

Screening
☐ Nutritional assessment
☐ Colonoscopy (every 10 years)
☐ Hearing and vision *($\geq$ 65)*

Prevention: ☐ ASA 81mg qd
Diagnostic Testing *(if indicated/at risk)*
☐ Lipid profile *(q 5 years)* ☐ 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:** ______________________