MALE

Yearly Physical Form

Name: ____________________ DOB: _______________ Date: __________________

To the best of your ability, please let us know when these procedures were last done:

TEST NAME	YES/NO And date last preformed
Physical/blood work Yearly	Yes No Date of last exam: _______ N/A
Colonoscopy At least once every 10 years starting at age 50 and ending at age 75	Yes No Date of last exam: _______ N/A
Shingles vaccine 1 dose after the age of 60 (even if you've had shingles)	Yes No Date of last vaccine: _______ N/A
Tetanus booster TDaP at least once, Td/booster every 10 years	Yes No Date of last vaccine: _______ N/A
Pneumonia vaccine 1 dose after age 65 May do 1 dose between ages 19-65 in adults who smoke or have asthma	Yes No Date of last vaccine: _______ N/A
Influenza vaccine Yearly	Yes No Date of last vaccine: _______ N/A
Glaucoma Screening Every 2 years if last exam was normal starting at 65	Yes No Date of last eye exam: _______ N/A
Abdominal Ultrasound One time between age 65-75 in men who have ever smoked May choose to perform in non-smoking males with risk factors	Yes No Date of last exam: _______ N/A
HPV Vaccine 3 doses between the ages of 9 & 26	Yes No Date of last vaccine: _______ N/A
PSA/Prostate exam May perform annually starting at age 50	Yes No Date of last exam: _______ N/A

Patients with Diabetes

DILATED eye exam Every 2 years if normal exam, yearly if abnormal	Yes No Date of last exam: _______ N/A
Foot Exam Yearly	Yes No Date of last exam: _______ N/A
Lab testing including A1C Every 3-6 months	Yes No Date of last exam: _______ N/A
Urine Micro albumin Yearly	Yes No Date of last exam: _______ N/A

Are you a smoker? YES (current or previous) NO

How many packs per day? ____________________

Would you like information on smoking cessation? ______________________________

If you are a smoker, when was your last Chest Xray or Chest CT?

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