ADULT COMPLETE PHYSICAL EXAMINATION
60-65 YEARS

Date	Patient Name	DOB
Allergies	Medications	
Illness/Accidents/Problems/Concerns since last visit:		

History
(check if discussed)

- ❑ Family ______________
- ❑ Medical ______________

Risk Evaluation
- ❑ Nutrition
- ❑ Physical activity
- ❑ STD/HIV
- ❑ Sexual behavior
- ❑ Depression
- ❑ Anxiety
- ❑ Stress
- ❑ Problems/concerns

Substance Abuse
- ❑ Tobacco ______________
- ❑ Alcohol ______________
- ❑ Drugs ______________

Immunizations
- ❑ UTD
- ❑ Needed

Physical Exam
(check = WNL, X = ABN describe abnormal findings)

Temp _____ Pulse _____

Resp _____ BP _____

Ht. _____ ft. _____ in.

Wt. _____ lbs. _____ oz.

- ❑ Appearance ___________
- ❑ Skin/nodes ___________
- ❑ Head ______________
- ❑ Eyes ______________
- ❑ Ears ______________
- ❑ Nose ______________
- ❑ Mouth ______________
- ❑ Teeth ______________
- ❑ Gums/Palate __________
- ❑ Neck ______________
- ❑ Chest ______________
- ❑ Breast ______________
- ❑ Lungs ______________
- ❑ Heart ______________
- ❑ Abdomen ____________
- ❑ Testicular Exam ________
- ❑ Prostate Exam _________
- ❑ DRE (male/female) ______
- ❑ Pelvic ______________
- ❑ Extremities/hips ________
- ❑ Spine ______________
- ❑ Neurological ___________

Comments:

Signature ________________

Health Education
(check if discussed)

Safety/Violence
- ❑ Seatbelts 100%
- ❑ Sports equipment
- ❑ Alcohol/drugs/weapons
- ❑ Emotional, physical and sexual abuse

Counseling
- ❑ Testicular self-exam
- ❑ Breast self-exam

Handouts

Plan
- ❑ Pap every 1-3 years
- ❑ Lipid profile every 5 years
- ❑ Vision and Glaucoma screening every 2 years
- ❑ Blood glucose tolerance
- ❑ PSA
- ❑ Mammography every year
- ❑ Fecal occult blood or
- ❑ Sigmoidoscopy every 5 years or
- ❑ Double contrast barium enema every 5-10 years or
- ❑ Colonoscopy every 10 years

Diagnosis ________________

Return to office ______________