

TODAY'S DATE: ___/___/___

DOB: ___/___/19___

AGE: _____

| | |
|------------------------------|--|
| H9. REVIEW OF SYSTEMS | Symptoms spontaneously reported: _____ |
|------------------------------|--|

YES NO IF YES, PROVIDE DETAILS

| | | | | |
|------------------|-----------------------------------|--|--|--|
| GEN | Weight Loss | | | |
| | Fatigue/Poor Energy | | | |
| | Poor Appetite | | | |
| H & N | Neck Lumps | | | |
| | Hoarseness | | | |
| | Mouth Lesion | | | |
| RESP | Shortness of Breath | | | |
| | Cough | | | |
| | Hemoptysis (coughing up blood) | | | |
| CVS | Chest Pain | | | |
| GI | Dysphagia (difficulty swallowing) | | | |
| | Nausea/Vomiting | | | |
| | Abdominal Pain | | | |
| | Changed Bowel Habits | | | |
| | Rectal Bleeding/Melena | | | |

SCREENING COLONOSCOPY IS RECOMMENDED STARTING AT AGE 50 AND PERFORMED EVERY 10 YEARS

| | | | | |
|---------------------------------------|---|--|--|--|
| COLON CANCER SCREENING | Previous Colonoscopy* | | | |
| | History of colon polyps *Recommend colonoscopy q 5 yrs and may start at age 40 | | | |
| | Family History of Colon Cancer *Recommend colonoscopy q 5 yrs and may start at age 40 | | | |

H9. REVIEW OF SYSTEMS (continued)

| | | YES | NO | IF YES, PROVIDE DETAILS |
|---------------|----------------------------------|-----|----|-------------------------|
| GU | Frequent/Urgency/Dysuria | | | |
| | Hematuria | | | |
| SKIN | Concerning lesion/change in mole | | | |
| MALE | Testicular lumps/pain | | | |
| FEMALE | Abnormal Vaginal Bleeding | | | |
| | Breast Lumps | | | |
| | Pre-menopausal | | | |
| | Post-menopausal | | | |
| | Menstruation with Hormones | | | |
| | Last Menstrual Period | | | DATE: _____ |
| | Last Mammogram done | | | DATE: _____ |
| | Last Pap Smear done | | | DATE: _____ |

H6. RECOMMENDED IMMUNIZATIONS

TETANUS/DIPHTHERIA (Td) * Last Given (year) _____ Indicated? Y N

INFLUENZA ** Last Given (year) _____ Indicated? Y N

PNEUMONIA ** Last Given (year) _____ Indicated? Y N

MEASLES *** Last Given (year) _____ Indicated? Y N

HEPATITIS B Year Given (year) _____ Indicated? Y N

- * Indicated every 10 years.
- ** Indicated if 65 or older or if chronic cardiopulmonary disease
- *** Indicated if born after 1956 and only vaccinated once before

PHYSICIAN'S ORDER FOR IMMUNIZATIONS

Please Administer

_____ Td Vaccine
 _____ Pneumonia Vaccine

_____ Physician's Initials

| | |
|----------|-------|
| Dosage | _____ |
| Site | _____ |
| Initials | _____ |

P1. VITAL SIGNS

WEIGHT: ___ LBS HEIGHT: ___ INCHES WAIST CIRCUMFERENCE ___ INCHES
*BLOOD PRESSURE: ___ / ___ 2ND BLOOD PRESSURE: ___ / ___
ARM: L R CUFF SIZE: REGULAR LARGE
PULSE: RATE _____ (check one) _____ REGULAR _____ IRREGULAR

FOR EACH SYSTEM, CHECK ALL THAT APPLY

P2. GENERAL

___ The participant is well-developed, well-nourished, and appears well

Additional findings

___ (1011) Overweight

___ Other (describe) _____

CODE _____

P3. SKIN

___ No rashes or lesions of concern

Additional findings

___ (1170) Multiple moles

___ (1116) Skin tags

___ (1129) Freckles

___ (1171) Single mole

___ (1162) Seborrheic keratosis

___ (1163) Actinic keratosis

___ (3109) Tanned skin

___ (1117) Scar due to surgery

___ Other (describe) _____

CODE _____

P4. VISION (optional)

___ Patient Declined Vision Test (3227) ___ NA _____

When was your last eye exam? ___ Years ago

Visual acuity (check one) ___ Corrected vision ___ Glasses ___ Contact Lens ___ Lasik

___ Not Corrected vision

Right eye \ _____

Left eye \ _____ (Normal Vision 20/20)

CODE _____

*2nd blood pressure should be taken later in the visit if first reading is equal to 140/90 or greater

P5. HEARING (optional)

____ Patient Declined Hearing Test (1348) _____ NA (Reason) _____

| Hearing Acuity | 500 | 1000 | 2000 | 4000 Hz | NORMAL | 20 db or less |
|----------------|------|------|------|---------|--------|---|
| RIGHT EAR | ____ | ____ | ____ | ____ | 25-40 | Mild hearing loss except (25 db normal at 500 Hz) |
| LEFT EAR | ____ | ____ | ____ | ____ | 45-60 | Moderate hearing loss |
| | | | | | 65-80 | Severe hearing loss |

This is a **screening** hearing test not performed in a sound proof booth. The results should be interpreted with caution. Discuss any loss of hearing you notice with your private physician.

____ Normal external canals and tympanic membranes
 ____ Abnormal (describe) _____

CODE _____

P6. MOUTH and THROAT

- ____ Adequate dental hygiene
- ____ Oral cavity normal without lesions
- ____ Wear dentures

Additional findings

____ Other (describe) _____

CODE _____

P8. NECK/THYROID

- ____ Thyroid normal size without nodules
- ____ Carotid pulses 3/3 both sides without bruits

Additional findings

____ (1676) Thyroid enlarged, no nodules

____ Other (describe) _____

CODE _____

P9. LYMPH NODES

- ____ No neck adenopathy
- ____ No supraclavicular adenopathy
- ____ No axillary adenopathy
- ____ No inguinal adenopathy

Additional findings

____ Other (describe) _____

CODE _____

P10. CHEST

____ Normal, comfortable respirations (no respiratory distress)

____ Clear to auscultation and percussion

Additional findings (check any that apply and describe)

____ (1844) Decreased breath sounds ____ (1817) Increased AP diameter

____ (1824) Wheezes ____ (1855) Pectus excavatum

____ (1827) Crackles ____ (1831) Scoliosis

____ (1845) Hyperresonant ____ (1816) Kyphosis

____ Other (describe) _____

CODE _____

P11a. BREASTS (FEMALES)

____ Participant deferred breast examination (1900)

____ Breasts symmetrical without masses or discharge

Additional findings (check any that apply and describe)

____ (1931) Mass ____ (1912) Inverted nipple

____ (1935) Cystic breasts ____ (1978) Supernumerary nipple

____ Other (describe) _____

CODE _____

P11b. BREASTS (MALES)

____ No gynecomastia or breast nodules

____ Other (describe) _____

CODE _____

P12. CARDIOVASCULAR

- ___ Normal jugular venous pressure
- ___ Normal heart size without heave or thrill
- ___ Normal S1 and S2 without clicks
- ___ No murmur, gallop or rub

Additional findings (check any that apply and describe)

- | | |
|---------------------------------|-----------------------------------|
| ___ (2127) Distant heart sounds | ___ (2131) I/VI (physiologic) SEM |
| ___ (2142) Mid-systolic click | ___ (2146) II/VI SEM |
| ___ Other (describe) _____ | ___ (2145) III/VI SEM |

CODE _____

**P13. PERIPHERAL PULSES
(IF 45 YEARS OF AGE OR OLDER)**

Pulses 0 = Absent, 1 = Decreased 2 = Normal

| | <u>Right</u> | <u>Left</u> |
|------------------|--------------|-------------|
| Brachial | ___ | ___ |
| Radial | ___ | ___ |
| Femoral | ___ | ___ |
| Dorsalis Pedis | ___ | ___ |
| Posterior Tibial | ___ | ___ |

Additional findings (check any that apply and describe)

- ___ (2582) Edema
- ___ Other (describe) _____

CODE _____

P14. ABDOMEN

- ___ Bowel sounds are normal
- ___ The liver and spleen are not enlarged
- ___ There are no masses or bruits
- ___ There is no pain or tenderness on palpation

Additional findings (check any that apply and describe)

- | | |
|----------------------------|-------------------------------|
| ___ (2203) Obese | ___ (2242) RLQ tenderness |
| ___ (2224) Surgical scar | ___ (2244) LLQ tenderness |
| ___ Other (describe) _____ | ___ (2250) Diffuse tenderness |

CODE _____

P15a. PELVIS and GROIN (FEMALES)

- ____ Participant deferred pelvis/groin examination (2493) *Reason* _____
- ____ No hernias
- ____ External genitalia normal
- ____ Speculum exam shows normal vagina and cervix without discharge
- ____ Bimanual examination shows normal uterus and adnexa
- ____ Normal post hysterectomy examination (2304)
- ____ Normal rectal examination without masses (AGE 45 AND OLDER)

Additional finding: (check any that apply and describe)

- ____ (2321) White discharge from cervix ____ (2361) Cystocele
- ____ (2333) Cervical polyp ____ (2430) Rectocele
- ____ (2300) Post hysterectomy scar
- ____ Other (describe: _____)

Results of stool testing for blood taken during the rectal exam

- ____ (2496) Participant deferred rectal examination
- (2410) (2411) (2412)
- + - No stool

CODE: _____

P15a. PELVIS and GROIN (MALES)

- ____ No hernias
- ____ Testicles descended without nodules
- ____ Normal prostate (AGE 45 AND ABOVE)
- ____ No rectal masses (AGE 45 AND ABOVE)

Additional findings: (check any that apply and describe)

- ____ (2380) Enlarged prostate
- ____ Other (describe: _____)

Results of stool testing for blood taken during the rectal exam

- ____ (2496) Participant deferred rectal examination
- (2410) (2411) (2412)
- + - No stool

CODE: _____

P16. OTHER PHYSICAL EXAM FINDING

CODE: _____

TODAY'S DATE ____/____/____

Examining Physician's Signature

SUMMARY WORKSHEET

A1. PHYSICIAN HEALTH STATUS ASSESSMENT

Based on all the data you have on this person, please rate this person's function and well being in the areas listed below (circle one number for each area)

| | Healthy/No Problems Fully Functional | | | Not Healthy/Many Problems Disabled | | |
|-----------------------------------|--------------------------------------|---|---|------------------------------------|---|---|
| Physical Function | 6 | 5 | 4 | 3 | 2 | 1 |
| Role Function (Job, parent, etc.) | 6 | 5 | 4 | 3 | 2 | 1 |
| Mental Health | 6 | 5 | 4 | 3 | 2 | 1 |
| Energy/Pep | 6 | 5 | 4 | 3 | 2 | 1 |
| Bodily Pain | 6 | 5 | 4 | 3 | 2 | 1 |
| Overall Assessment | 6 | 5 | 4 | 3 | 2 | 1 |

| A1. STANDARD RECOMMENDATIONS | (190) | (193) | (191) | (195) | (194) |
|------------------------------|--------------------|---------------------------|-----------------------|-------|-------|
| ___ Update Immunizations | Td | Measles | Flu | Pneum | HEPT |
| ___ (111) Stop Smoking | ___ (986) Diet | ___ (169) Pap/Breast Exam | ___ (203) Sun | | |
| ___ (168) Alcohol | ___ (140) Exercise | ___ (600) Prostate | ___ (602) Testicular | | |
| ___ (157) Colon | ___ (551) Mammo | ___ (123) Skin | ___ (130) Weight Loss | | |

A2. PHYSICIAN INTERPRETATION AND RECOMMENDATIONS

| INTERPRETATION | RECOMMENDATION |
|----------------------|--|
| VISION | |
| ___ Normal | ___ No Recommendation |
| ___ Decreased (1277) | ___ Referred to Primary Physician or Ophthalmologist (253) |
| | ___ Regular Eye Exam (250) |

| INTERPRETATION | RECOMMENDATION |
|--------------------------------|--|
| HEARING | |
| ___ Normal | ___ No Recommendation |
| ___ Decreased Right Ear (1344) | ___ Earwax (303) |
| ___ Decreased Left Ear (1345) | ___ Referred to Primary Physician or Audiologist (154) |
| ___ Decreased Bilateral (1343) | ___ Wear Hearing Protection (305) |

| INTERPRETATION (for the participant's letter) | RECOMMENDATION |
|---|--|
| EKG | |
| ___ Normal (500) | ___ No Recommendation |
| ___ No Significant change from your previous FMMP EKG (931) | ___ Referred to Primary Physician (103) |
| ___ EKG referred to Mercy cardiologist for interpretation (936) | ___ Compare EKG with more recent testing (135) |
| ___ Your EKG showed _____ | |

| A3. REVIEW OF SYMPTOMS (ROS) | RECOMMENDATIONS | | OUTCOME OR DIAGNOSIS | |
|------------------------------|-----------------|-------|----------------------|------|
| | F/UP MD | OTHER | OUTCOME/DIAGNOSIS | CODE |
| ___ NO SYMPTOMS OF CONCERN | | | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |

| A4. PHYSICAL EXAM | RECOMMENDATIONS | | OUTCOME OR DIAGNOSIS | |
|--|-----------------|-------|----------------------|------|
| | F/UP MD | OTHER | OUTCOME/DIAGNOSIS | CODE |
| ___ NO PHYSICAL EXAM FINDINGS OF CONCERN | | | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |

| A5. OTHER RECOMMENDATIONS |
|---------------------------|
| 1. |
| 2. |
| 3. |

| A7. LABORATORY/TEST RESULTS | RECOMMENDATIONS | | OUTCOME OR DIAGNOSIS | |
|------------------------------------|-----------------|-------|----------------------|------|
| | F/U MD | OTHER | OUTCOME/DIAGNOSIS | CODE |
| ___ NO LAB/TEST RESULTS OF CONCERN | | | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |