Name:_____ DOB: _____ Actual Age: _____

Language Spoken:_____ Interpreter Name _____

Date: _____

21-39 YEARS - MALE

NURSING INTAKE

Height: Weight: BMI: BP: Temp.: Pulse: Resp.:

Allergies: Advance Directive education: Yes / No

Abuse: Witness or victim: Notes:

Alternate health care provider: MA signature:

INTERVAL HISTORY	Meds/Vits.:
Diet:	Weight loss/gain: History of depression?
Appetite:	Tobacco/alcohol/drug use: TB Risk: Yes / No
Physical activity:	Previous surgeries:
Illnesses, stomach, headache, fatigue:	Family history: HTN, heart disease, high cholesterol, DM, asthma
Sexual activity:	Exposure to tobacco smoke: Seeing dentist: Yes / No

Varicella/chicken pox Hx Date: Date of last Td:

PATIENT CONCERNS:

PHYSICAL EXAMINATION

General Appearance	[ ]	Well nourished and developed	Breast	[ ]	No masses
	[ ]	No abuse/neglect evident	Lungs	[ ]	Clear to auscultation bilaterally
Head	[ ]	No lesions	Abdomen	[ ]	Soft, no masses, liver & spleen normal
Eyes	[ ]	PERRL, conjunctivae & sclerae clear	Genitalia	[ ]	Grossly nl
	[ ]	Vision grossly normal	Male	[ ]	Circ./uncirc. [ ] Testes in scrotum
Ears	[ ]	Canals Clear, TMs normal		[ ]	Rectal [ ] Prostate exam
	[ ]	Hearing grossly normal	Femoral pulses	[ ]	Normal
Nose	[ ]	Passages clear, MM pink, no lesions	Extremities	[ ]	No deformities, full ROM
Teeth	[ ]	Grossly normal, no cavities	Lymph nodes	[ ]	Not enlarged
Neck	[ ]	Supple, no masses, thyroid not enlarged	Back	[ ]	No scoliosis
Chest	[ ]	Symmetrical	Skin	[ ]	Clear, no significant lesions
Heart	[ ]	No organic murmurs, regular rhythm	Neurologic	[ ]	Alert, no gross sensory or motor deficit

ASSESSMENT:

PLAN:

ORDERS: [ ] Vaccine reactions, risks and follow-up explained / VIS sheets given. [ ] PPD

[ ] Td (if not up to date) [ ] Varicella (if no history) [ ] Lipid profile (repeat every five years)

[ ] UA [ ] Pneumo (if high risk) [ ] Nutritional Assessment

[ ] Influenza vaccine (if high risk) [ ] Counsel re: HIV (test if at risk) [ ] Dental referral given

STOP SMOKING: [ ] Advise smoker to quit [ ]Discuss smoking cessation medication [ ]Discuss smoking cessation strategies

ANTICIPATORY GUIDANCE: Circle if discussed

Correct diet: Obesity, eating disorders, and junk food, physical activity.

Accident prevention: Safety helmet, risk-taking behavior, DUI, guns, violent behavior, motor vehicle safety.

Guidance: Smoking, alcohol, marijuana, cocaine, IV and other drugs, suicidal ideation, sex education, (partner selection, condoms, contraception, AIDS risk factors), goals in life, regular exercise, seat belt use, family, social interaction, communication, sun screen, personal development, independence, work activities, breast self exam, testicular self exam, ASA use.

Next appointment [ ] 1 or 2 or 3 years or_____ Signature _____ Date _____