

Name: _____ DOB: _____ Actual age: _____
 Language Spoken: _____ Interpreter Name: _____
 Date: _____

40-49 YEARS - FEMALE

| | | | |
|---|---|--|--|
| NURSING INTAKE | | | |
| Height: | Weight: | BMI: | BP: |
| Temp.: | | Pulse: | |
| Resp.: | | Advance Directive education: Yes / No | |
| Allergies: | | Notes: | |
| Abuse: Witness or victim: | | MA signature: | |
| Alternate health care provider: | | | |
| INTERVAL HISTORY | | | |
| Diet: | | Meds/Vits.: | |
| Appetite: | | Weight loss/gain: | |
| Physical activity: | | Tobacco/alcohol/drug use: | |
| Illnesses, stomach, headache, fatigue: | | Previous surgeries: | |
| Menarche: G P A Hx of Breastfeeding: | | Family history: HTN, heart disease, high cholesterol, DM, asthma | |
| Sexual activity: LMP: | | TB Risk: Yes / No History of depression? | |
| | | Exposure to tobacco smoke: Seeing dentist: Yes / No | |
| MMR: | | | |
| Varicella or 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 | Female | [] Pap done <i>or</i> |
| | | | [] Dr: Date: (if done elsewhere) |
| Ears | [] Canals Clear, TMs normal | | [] Rectal |
| | [] 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: | | | |
| [] PPD | [] Vaccine reactions, risks and follow-up explained / VIS sheets given | [] Varicella (if no history date) | [] Mammogram order (every 1 to 2 year) |
| [] UA | [] MMR | [] Lipid profile (repeat every five years) | [] Nutritional assessment |
| [] Td (if not in last 10 years) | [] Pneumo (if high risk) | [] Dental referral given | |
| [] Counsel re: HIV (test if at risk) | [] Influenza vaccine (if high risk) | | |
| 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, aging process, sex education, (partner selection, condoms, contraception, AIDS risk factors), goals in life, regular exercise, seat belt use, family, social interaction, communication, personal development, independence, work activities, breast self exam, sun screen, ASA use. | | | |

Next appointment [] 2 years or _____ Signature _____ Date _____