

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

40-49 YEARS - MALE

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|---------------------------------|---------|------|-----|---------------------------------------|--------|--------|
| 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: | | |

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| INTERVAL HISTORY | | Meds/Vits.: | Seeing dentist: Yes / No |
| 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: Yes/No | |
| Varicella or Chicken Pox Hx Date: | | Date of last Td: | |

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| PATIENT CONCERNS: |
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| 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 | | [] Circ/uncirc [] Testes in scrotum |
| Ears | [] Canals clear, TMs normal | Male | [] Prostate Exam [] 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 |

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| ASSESSMENT: |
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| PLAN: |
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| ORDERS: | [] Vaccine reactions, risks and follow-up explained / VIS sheets given. |
| [] Td (if not in last 10 years) | [] Varicella (if no history date) [] Lipid profile (repeat every five years) |
| [] UA | [] Influenza vaccine (if high risk) [] Nutritional Assessment |
| [] PPD | [] Pneumo (if high risk) [] Dental Referral given |
| | [] PSA (if high risk) [] Counsel re: HIV (test if at risk) |

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| STOP SMOKING: [] Advise smoker to quit [] Discuss smoking cessation medication [] Discuss smoking cessation strategies |
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| ANTICIPATORY GUIDANCE: Circle if discussed |
| Correct diet: Obesity, eating disorders, and junk food, physical activity. |
| Accident prevention: Seat belt use, 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, family, social interaction, communication, personal development, independence, work activities, breast self exam, testicular self exam, sun screen, ASA use. |

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