

Name: _____ DOB: _____ Actual Age: _____

Language Spoken: _____ Interpreter Name: _____

Date: _____

50 + 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		
Diet:	Meds/Vits.:	Weight loss/gain:
		History of depression?
Appetite:	Tobacco/alcohol/drug use:	TB Risk: Yes / No
Physical activity:	Previous surgery:	
Illnesses, stomach, headache, fatigue:	Family history: HTN, heart disease, high cholesterol, DM, asthma	
Sexual activity:	Exposure to tobacco smoke:	Seeing dentist: Yes / No
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	[] 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 lordosis/scoliosis/other abnormality
Chest []	Symmetrical	Skin [] Clear, no significant lesions
Heart []	No organic murmurs, regular rhythm	Neurologic [] Alert, no gross sensory or motor deficit
		[] Occult Blood (if 50+)
ASSESSMENT:		
PLAN:		
ORDERS:		
[] Td (if not in last 10 years)	[] Vaccine reactions, risks and follow-up explained / VIS sheets given.	[] Lipid profile (repeat every five)
[] UA	[] Varicella (if no history)	[] Flex Sigmoid (every 5 years)
[] PPD	[] Influenza vaccine (yearly)	[] Nutritional Assessment
[] PSA	[] Pneumo (if above 65 or high risk)	[] Colonoscopy (every 10 years)
[] Barium Enema with contrast (every 5 years)	[] Dental Referral given	[] Counsel re: HIV (test if at risk)
		[] Zoster (60+ years)
		[] Fecal Occult Blood (yearly)
		[] Vision and hearing (over 65)
		[] Abd. U/S (smoker 65+ years)
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, sun screen, work activities, personal development, independence, breast self exam, testicular self exam, ASA use.		

Next appointment [] 1 year or _____ Signature _____ Date _____
 (until age 69, then at clinician's discretion)