UPDATE FOR ANNUAL PHYSICAL		DATE OF LAST PHYSICAL	
NAME	DOB	AGE	TODAY'S DATE
THINGS YOU WOULD	LIKE TO DISCUSS DURING T	THIS VISIT:	
3			
4			
CURRENT MEDICATIO	ONS INCLUDING OVER THE (	COUNTER:	
DRUG NAME	STRENGTH		
3			
4			
5			<del></del>
6			
8			
		TID I A OTT DITTIO	ICAL A LACT DEL CIV
HAVE YOU HAD ANY I	MMUNIZATIONS SINCE YOU	JK LASI PHYS	ICAL: LIST BELOW:
IN THE PAST 12 MONT	HS, OR SINCE YOUR LAST P		
	YES NO DATE	DR. NAME C	OR LOCATION IF KNOWN
GYN EXAM			
EYE EXAM			
DENTAL			
COLONOSCOPY			
BONE DENSITY TEST			
PSA TEST			
MAMMOGRAM			
STRESS TEST			
EKG			
CHEST XRAY			
I ICT ANN NEW MEDIC	ATION OF FOOD ALL EDGIE		DIIVELCAL
LIST ANY NEW MEDIC	CATION OR FOOD ALLERGIE	LS SINCE LAST	PHYSICAL
HAVE YOU HAD ANY S	SURGERIES SINCE LAST PHY	YSICAL? (IF YE	S, WHAT WAS THE SURGERY?
HAVE YOU HAD ANY N	NEW DIAGNOSES SINCE LAS	T PHYSICAL?_	
WHAT IS YOUR CURRI	ENT FITNESS ROUTINE?		
DO VOU SMOVE?	IEVEC #DAILV D	O VOU DDINK	9 IEVEC #DAILV