PARK MEDICAL ASSOCIATES, L.L.C. **Amy T. Byrd, M.D.** Internal Medicine

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UPDATE FOR ANNUAL PHYSICAL

DATE OF LAST PHYSICAL_____

NAME_____ DOB_____ AGE_____ TODAY'S DATE_____

THINGS YOU WOULD LIKE TO DISCUSS DURING THIS VISIT:

1._____
2._____
3._____
4._____

CURRENT MEDICATIONS INCLUDING OVER THE COUNTER:

	DRUG NAME	STRENGTH	HOW OFTEN
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

HAVE YOU HAD ANY IMMUNIZATIONS SINCE YOUR LAST PHYSICAL? LIST BELOW:

_____

_____

IN THE PAST 12 MONTHS, OR SINCE YOUR LAST PHYSICAL, HAVE YOU HAD:

	YES	NO	DATE	DR. NAME OR LOCATION IF KNOWN
GYN EXAM	_____	_____	_____	_____
EYE EXAM	_____	_____	_____	_____
DENTAL	_____	_____	_____	_____
COLONOSCOPY	_____	_____	_____	_____
BONE DENSITY TEST	_____	_____	_____	_____
PSA TEST	_____	_____	_____	_____
MAMMOGRAM	_____	_____	_____	_____
STRESS TEST	_____	_____	_____	_____
EKG	_____	_____	_____	_____
CHEST XRAY	_____	_____	_____	_____

LIST ANY NEW MEDICATION OR FOOD ALLERGIES SINCE LAST PHYSICAL

_____

HAVE YOU HAD ANY SURGERIES SINCE LAST PHYSICAL? (IF YES, WHAT WAS THE SURGERY?)

_____

HAVE YOU HAD ANY NEW DIAGNOSES SINCE LAST PHYSICAL?_____

_____

WHAT IS YOUR CURRENT FITNESS ROUTINE?_____

_____

DO YOU SMOKE?_____ **IF YES, # DAILY**____ **DO YOU DRINK?**_____ **IF YES, # DAILY**_____