UPDATE FOR	ANNUA	L PHYSICAL	DATE OF LAST PHYSICAL	
NAME		DOB	AGE	TODAY'S DATE
THINGS YOU WOULD	LIKE TO E	DISCUSS DURING T	THIS VISIT:	
1				
2.				
CURRENT MEDICATIO	ONS INCLU	JDING OVER THE	COUNTER:	
DRUG NAME		STRENGTH	HOW O	FTEN
1				
2				
3				
4				
5				
6				
7				
8				
HAVE YOU HAD ANY I	MANTINITZ A	TIONS SINCE VO	IID I ACT DIIVO	UCAL 9 LIST DEL OW.
HAVE TOU HAD ANT I	IVIIVIUINIZA	ATIONS SINCE TO	UKLASITIIIS	orcal: List below.
IN THE PAST 12 MONT	HS, OR SI	NCE YOUR LAST P	PHYSICAL, HAV	VE YOU HAD:
				OR LOCATION IF KNOWN
GYN EXAM				
EYE EXAM				
DENTAL				
COLONOSCOPY				
BONE DENSITY TEST				
PSA TEST				
MAMMOGRAM				
STRESS TEST				
EKG				
CHEST XRAY				
LIST ANY NEW MEDIC	ATION OF	R FOOD ALLERGII	ES SINCE LAST	PHYSICAL
HAVE YOU HAD ANY S	URGERIE	S SINCE LAST PH	YSICAL? (IF YE	ES, WHAT WAS THE SURGERY?)
HAVE YOU HAD ANY N	IEW DIAG	NOSES SINCE LAS	ST PHYSICAL?_	
WHAT IS YOUR CURRI	ENT FITNI	ESS ROUTINE?		
DO VOU SMOKE?	IE VEC	#DAILV I	O VOU DDINK	2 IEVES #DAILV