PARK MEDICAL ASSOCIATES, L.L.C. **Tammy Hadley, 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**_____