

ADULT COMPLETE PHYSICAL EXAMINATION 20-30 YEARS

Date	Patient N	lame		DOB
Allergies		Me	dications	
Illness/Accidents/Problems/Concerns since last visit:				
History (check if discussed) Family Medical		Physical Exam (check = WNL, X = ABN describe abnormal findings) Temp Pulse		Health Education (check if discussed) Safety/Violence □ Seatbelts 100%
Risk Evaluation Nutrition Physical activ STD/HIV Sexual behav Depression Anxiety Stress Problems/con Substance Abuse Tobacco Alcohol Drugs Immunizations UTD Needed	ity ior cerns	Resp BP Ht ft in Wt lbs	OZ.	 □ Sports equipment □ Alcohol/drugs/weapons □ Emotional, physical and sexual abuse Counseling □ Folic acid supplementation □ Testicular self-exam □ Breast self-exam □ Handouts Plan □ Pap every 1-3 years □ Lipid profile every 5 years □ Gonorrhea and Chlamydia Screening (female) Diagnosis □ Return to office
		Signature		