

Name: _____ DOB: _____ Actual Age: _____

Language Spoken _____ Interpreter Name _____

Date: _____

21-39 YEARS -FEMALE

NURSING INTAKE

Height:	Weight:	BMI:	BP:	Temp.:	Pulse:	Resp.:
Allergies:				Advance Directive Education: Yes / No		
Abuse: Witness or victim:				Notes:		
Alternate health care provider:				MA Signature		

INTERVAL HISTORY

Diet:	Meds/Vits.:	Weight loss/gain:	History of depression? Yes/No
Appetite:	Tobacco/alcohol/drug use:		
Physical Activity:	LMP:	Previous surgery:	
Illnesses, stomach, headache, fatigue:		Family history: HTN, heart disease, high cholesterol, DM, asthma	
Menarche: G P A	Hx of Breastfeeding:	Exposure to tobacco smoke:	
Sexual activity:	TB Risk: Yes / No	Seeing dentist: Yes / No	

MMR:

Varicella or Chicken Pox Hx Date:	Date of last Td:
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PATIENT CONCERNS:

PHYSICAL EXAMINATION

General Appearance [] Well nourished and developed	Breast (female) [] No masses
[] No abuse/neglect evident	Lungs [] Clear to auscultation bilaterally
Head [] No lesions	Abdomen [] Soft, no masses, liver & spleen normal
Eyes [] PERRL, conjunctivae & sclerae clear	Genitalia [] Grossly nl
[] Vision grossly normal	Female [] No lesions, nl external appearances
Ears [] Canals Clear, TMs normal	Female [] Rectal
[] Hearing grossly normal	[] Pap completed <i>or</i>
Nose [] Passages clear, MM pink, no lesions	[] Dr: Date: (if done elsewhere)
Teeth [] Grossly normal, no cavities	Femoral pulses [] Normal
Neck [] Supple, no masses, thyroid not enlarged	Extremities [] No deformities, full ROM
Chest [] Symmetrical	Lymph nodes [] Not enlarged
Heart [] No organic murmurs, regular rhythm	Back [] No scoliosis
	Skin [] Clear, no significant lesions
	Neurologic [] Alert, no gross sensory or motor deficit

ASSESSMENT:

PLAN:

ORDERS:

[] Vaccine reactions, risks and follow-up explained / VIS sheets given.
[] MMR [] Varicella (if no history date) [] Rx. For Folic Acid 1 mg qd (order if female)
[] UA (yearly) [] Influenza vaccine (if high risk) [] Lipid profile (repeat every five years)
[] PPD [] Pneumo (if high risk) [] Nutritional Assessment
[] Td/Tdap (if not up to date) [] HPV (until age 26 if not up to date) [] Dental Referral given
[] Counsel re: HIV (test if at risk) [] Pap, GC, Chlamydia, VDRL (if sexually active)

STOP SMOKING: [] Advise smoker to quit [] Discuss smoking cessation medication [] Discuss smoking cessation strategies

ANTICIPATORY GUIDANCE: Circle if discussed

Correct diet: Obesity, eating disorders, and junk food, physical activity.
 Accident prevention: Seat belt use, Safety helmet, risk-taking behavior, DUI, guns, violent behavior, and motor vehicle safety.
 Guidance: Smoking, alcohol, marijuana, cocaine, IV and other drugs, suicidal ideation, sex education, (partner selection, condoms, contraception, AIDS risk factors), goals in life, regular exercise, sun screen, ASA use. Breastfeeding. SBE.
 Personal development: independence, work activities, personal development, family, social interaction, communication.

Next appointment [] 1 or 2 or 3 years or _____ Signature _____ Date _____