

Name: _____ DOB: _____ Actual Age: _____
 Language Spoken _____ Interpreter Name _____
 Date: _____

40-49 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				Meds/Vits.:		
Diet:				Weight loss/gain:		
Appetite:				Tobacco/alcohol/drug use:		
Physical Activity:				Previous surgeries:		
Illnesses, stomach, headache, fatigue:				Family history: HTN, heart disease, high cholesterol, DM, asthma		
Menarche:	G	P	A	Hx of Breastfeeding:	TB Risk: Yes / No	History of depression?
Sexual activity:		LMP:		Exposure to tobacco smoke:		Seeing dentist: Yes / No
MMR:						
Varicella or Chicken Pox Hx Date:				Date of last Td:		

PATIENT CONCERNS:

PHYSICAL EXAMINATION			
General Appearance	[] Well nourished and developed	Breast	[] 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	[] Pap done <i>or</i>
			[] Dr: _____ Date: _____ (if done elsewhere)
Ears	[] Canals Clear, TMs normal		[] Rectal
	[] Hearing grossly normal	Femoral pulses	[] Normal
Nose	[] Passages clear, MM pink, no lesions	Extremities	[] No deformities, full ROM
Teeth	[] Grossly normal, no cavities	Lymph nodes	[] Not enlarged
Neck	[] Supple, no masses, thyroid not enlarged	Back	[] No scoliosis
Chest	[] Symmetrical	Skin	[] Clear, no significant lesions
Heart	[] No organic murmurs, regular rhythm	Neurologic	[] Alert, no gross sensory or motor deficit

ASSESSMENT:

PLAN:

ORDERS:	[] Vaccine reactions, risks and follow-up explained / VIS sheets given.
[] PPD	[] Varicella (if no history date) [] Mammogram order (every 1 to 2 year)
[] UA	[] MMR [] Lipid profile (repeat every five years)
[] Td (if not in last 10 years)	[] Pneumo (if high risk) [] Nutritional Assessment
[] Counsel re: HIV (test if at risk)	[] Influenza vaccine (if high risk) [] Dental Referral given

STOP SMOKING: [] Advise smoker to quit [] Discuss smoking cessation medication [] Discuss smoking cessation strategies
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ANTICIPATORY GUIDANCE: Circle if discussed
Correct diet: Obesity, eating disorders, and junk food, physical activity.
Accident prevention: Safety helmet, risk-taking behavior, DUI, guns, violent behavior, motor vehicle safety.
Guidance: Smoking, alcohol, marijuana, cocaine, IV and other drugs, suicidal ideation, aging process, sex education, (partner selection, condoms, contraception, AIDS risk factors), goals in life, regular exercise, seat belt use, family, social interaction, communication, personal development, independence, work activities, breast self exam, sun screen, ASA use.

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