

Name: _____ DOB: _____ Actual Age: _____

Language Spoken _____ Interpreter Name _____

Date: _____

50 + 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.:
Appetite:	Weight loss/gain:
Physical Activity:	Tobacco/alcohol/drug use:
Illnesses, stomach, headache, fatigue:	Previous surgeries:
Menarche: G P A Hx of Breastfeeding:	Family history: HTN, heart disease, high cholesterol, DM, asthma
Sexual activity: LMP:	Exposure to tobacco smoke: History of depression?
Date of last Td:	TB Risk: Yes / No Seeing dentist: Yes / No
	Varicella or Chicken Pox Hx Date:

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 [] Rectal yearly
[] Vision grossly normal	Female [] Pap done
Ears [] Canals Clear, TMs normal	[] or by Dr.: _____ Date: _____ (if done elsewhere)
[] 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 lordosis/scoliosis/other abnormality
Chest [] Symmetrical	Skin [] Clear, no significant lesions
Heart [] No organic murmurs, regular rhythm	Neurologic [] Alert, no gross sensory or motor deficit
	[] Occult Blood (if 50+)
	[] Osteoporosis risk

ASSESSMENT:

PLAN:

ORDERS:

[] Vaccine reactions, risks and follow-up explained / VIS sheets given.

[] Td (if not in last 10 years)	[] Varicella (if no history date)	[] Mammo (q 1 to 2 years)
[] UA	[] Influenza vaccine Yearly	[] Lipid profile (repeat every five years)
[] Zoster (if over 60 yrs)	[] PPD (if at risk)	[] Hearing and vision (over 65)
[] Fecal Occult Blood (yearly)	[] Flex Sigmoid (every 5 years)	[] Colonoscopy (every 10 years)
[] Nutritional Assessment	[] Pneumo (if above 65 or high risk)	[] Osteo screen test (over 65 years or if at risk)
[] Dental Referral given	[] Counsel re: HIV (test if at risk)	[] Barium enema (q 5 yrs) with contrast

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, 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, sun screen.
 Personal development, independence, breast self exam, work or retirement activities, family, social interaction, communication, ASA use

Next appointment [] 1 year or _____ Signature _____ Date _____
 (until 69 then at clinician's discretion)