

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Actual Age: \_\_\_\_\_  
 Language Spoken \_\_\_\_\_ Interpreter Name \_\_\_\_\_  
 Date: \_\_\_\_\_

**50 + YEARS - MALE**

<b>NURSING INTAKE</b>						
Height:	Weight:	<b>BMI:</b>	BP:	Temp.:	Pulse:	Resp.:
Allergies:				Advance Directive Education: Yes / No		
Abuse: Witness or Victim:				Notes:		
Alternate health care provider:				MA Signature		

<b>INTERVAL HISTORY</b>		Meds/Vits.:
Diet:	Weight loss/gain:	History of depression?
Appetite:	Tobacco/alcohol/drug use:	TB Risk: Yes / No
Physical Activity:	Previous surgery:	
Illnesses, stomach, headache, fatigue:	Family history: HTN, heart disease, high cholesterol, DM, asthma	
Sexual activity:	Exposure to tobacco smoke:	Seeing dentist: Yes / No
Varicella or Chicken Pox Hx Date:	Date of last Td:	

<b>PATIENT CONCERNS:</b>

<b>PHYSICAL EXAMINATION</b>		Breast [ ]	No masses
General Appearance [ ]	Well nourished and developed	Lungs [ ]	Clear to auscultation bilaterally
[ ]	No abuse/neglect evident	Abdomen [ ]	Soft, no masses, liver & spleen normal
Head [ ]	No lesions	Genitalia [ ]	Grossly nl
Eyes [ ]	PERRL, conjunctivae & sclerae clear	[ ]	Circ/uncirc [ ] Testes in scrotum
[ ]	Vision grossly normal	Male [ ]	Prostate Exam [ ] Rectal
Ears [ ]	Canals Clear, TMs normal	Femoral pulses [ ]	Normal
[ ]	Hearing grossly normal	Extremities [ ]	No deformities, full ROM
Nose [ ]	Passages clear, MM pink, no lesions	Lymph nodes [ ]	Not enlarged
Teeth [ ]	Grossly normal, no cavities	Back [ ]	No lordosis/scoliosis/other abnormality
Neck [ ]	Supple, no masses, thyroid not enlarged	Skin [ ]	Clear, no significant lesions
Chest [ ]	Symmetrical	Neurologic [ ]	Alert, no gross sensory or motor deficit
Heart [ ]	No organic murmurs, regular rhythm	[ ]	Occult Blood (if 50+)

<b>ASSESSMENT:</b>

<b>PLAN:</b>

<b>ORDERS:</b>	[ ] Vaccine reactions, risks and follow-up explained / VIS sheets given.
[ ] Td (if not in last 10 year)	[ ] Varicella (if no history) [ ] Lipid profile (repeat every five) [ ] Flex Sigmoid (every 5 years)
[ ] UA	[ ] Influenza vaccine yearly [ ] Nutritional Assessment [ ] Colonoscopy (every 10 years)
[ ] PPD	[ ] Pneumo (if above 65 or high risk) [ ] Counsel re: HIV (test if at risk) [ ] Zoster (60 + yrs)
[ ] PSA	[ ] Dental Referral given [ ] Fecal Occult Blood (yearly) [ ] Vision and hearing (over 65)
[ ] Barium Enema with contrast (q 5 yrs)	[ ] Abd. U/S (smoker 65+)

<b>ANTICIPATORY GUIDANCE: Circle if discussed</b>
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, family, social interaction, communication, sun screen, work activities, personal development, independence, breast self exam, testicular self exam, ASA use.

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