

Name: _____ Birthdate: _____ Age: _____ Date: _____

Spouse, children names and ages _____

Occupation: _____

HISTORY

Chief Complaint: _____ LMP: (F) _____

Last medical exam/lab work _____ Physician name _____

Last dental exam _____ Mammogram/Pap Smear (F) _____ Colonoscopy _____

Bone Density _____ EKG/Treadmill _____

Major Conditions and When

High BP _____ Diabetes _____ High Cholesterol _____

Heart _____ Respiratory _____ Gastrointestinal _____

Genital/Urinary/Kidney _____ Musculoskeletal _____

Anxiety/Depression _____ Head/Ear/Nose/Throat/Thyroid _____

Gynecology/Menopause date (F) _____ Cancer _____

Surgery _____ Other _____

Slow down symptoms (energy, sex drive, muscle mass, fat mass) _____

Medications: _____

Supplements: _____

Drug Allergies: _____ Other Allergies: _____

Family History: Parents, siblings health: _____

Lifestyle: Exercise _____ Sleep _____ Alcohol _____ Smoke _____

What do you enjoy/relaxation _____ Stressors _____

Primary Health Objective _____

Diet

Typical breakfast _____

Snacks _____

Typical lunch _____

Drinks _____

Typical dinner _____

Sensitivities _____

PHYSICAL EXAM

CV Profiler _____ C1 _____ C2 _____

Start Time __: __ am/pm

BIA _____ Fat Mass _____ SCS _____

BP: _____ Pulse: _____ Weight: _____

General **N** **AB** Well appearing. Nourished COMMENTS:

HEENT _____ PERRL, EMOI, Oral clear

Neck _____ Supple. No mass. No Kernig/brud

Thyroid _____ No nodules, enlargement

Lungs _____ Clear bilat. No wheezing

Heart _____ RSR w/o murmurs. No S3.

Abdomen _____ BS nml. No HSM or mass

Back _____ No CVAT

Extremities _____ No cyanosis, clubbing or edema

Neurologic _____ CN II-XII intact. Giat normal

Skin _____ No rash or abnormal lesions.

Genital _____ No masses NST. No prostate nodule. Testes descended bilaterally.

Rectal _____ No mass. HEME: _____

TESTS

Cenegenics _____ Alcat _____ Bone Density _____

Westliff _____ Sanesco _____ Coronary Calcium score _____

Genova _____

Labs Reviewed: CBC _____ Chems _____ Lipids _____

Inflammatory Markers _____ Hormones _____

Others _____

IMPRESSION

Normal Exam/Healthy _____ Overweight _____ Hypertension _____ Mixed Hyperlipidemia _____

Diabetes _____ Hypothyroid _____ Hormone imbalance _____ Hypogonadism _____

Menopausal _____ Osteopenia _____ Osteoporosis _____ Osteoarthritis _____

PLAN

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

REFERRAL : _____ **FOLLOW-UP :** _____

Healthcare provider signature: _____

End Time __: __ am/pm