

# Windsor Regional Medical Associates

## ANNUAL PHYSICAL

Name \_\_\_\_\_ Date \_\_\_\_\_

The annual preventive exam serves an important role in maintaining your health. Most commercial insurance plans cover this exam yearly because of the benefits it offers. The preventive visit includes an assessment of your health status, discussion of disease prevention, age-appropriate screening, and a thorough physical examination. Vaccines, added testing, and other services may be at additional charge depending on your health plan.

**Are there any health concerns you wish to address today?**

---

**Has there been a change to your medications or health status since last visit?**

**Please explain:** \_\_\_\_\_

Please **circle** any of the following that have been done since your last physical:

<u>Vaccines</u>	<u>Tests Done</u>	<u>Specialists Seen</u>	<u>Specialist Name</u>	<u>Approximate Date</u>
Flu	Cholesterol Blood	Dentist		
HPV	sugar/A1c	Eye Doctor		
Tetanus	Colon Screening	Gynecologist		
Hepatitis A	Chest X-ray	Cardiologist		
Hepatitis B	EKG	Gastroenterologist		
Shingles	Stress Test	Endocrinologist		
Pneumonia	PSA/prostate exam	Dermatologist		
Meningitis	Pap/Pelvic Exam	Pulmonologist		
RSV	Bone Density	Other:		
COVID-19	Mammogram	Other:		

**FAMILY UPDATE** – Are there any changes in health status for your family?

---

**LIFESTYLE UPDATE** (this form is confidential)

Are you currently smoking? \_\_\_\_\_ If so, do you want to quit? \_\_\_\_\_

Do you use marijuana regularly? Yes No Are you using any illicit drugs? Yes No

Typically, how many alcoholic drinks do you have in a week?

When did you last have more than 5 drinks in a day?

Describe your current diet goals and plan:

Please describe your exercise pattern:

Do you feel depressed or overly anxious? Yes No If so, for how long? \_\_\_\_\_

Are you concerned about having been exposed to a sexually transmitted disease? Yes No