

SIDDHARTH SERVICES, INC.

In pursuit of overall well being

ANNUAL PHYSICAL EXAMINATION

ALL QUESTIONS MUST BE ANSWERED

- 1) Maintain original
- 2) Fax to main office
- 3) Schedule next year appointment

ALLERGIES:

IDENTIFYING INFORMATION

Name: _____ Male _____ Female _____ Date of Birth _____
Address: _____

EXAMINATION

General appearance _____ Posture _____ Gait _____

Height _____ Weight _____

A. Cardio- Vascular System:

- 1) Blood Pressure _____ Pulse _____ Rhythm _____
- 2) Heart Size _____
- 3) Edema _____ Location: _____
- 4) Dyspnea _____ ☐ at rest ☐ on slight exertion ☐ on moderate exertion
- 5) Angina _____ ☐ at rest ☐ on slight exertion ☐ on moderate exertion
- 6) Functional Capacity (American Heart Assn) Class I _____ II _____ III _____ IV _____
- 7) Degree of Arteriosclerosis, if present: _____
- 8) Other findings: _____

B. Please evaluate and check:

Check each item in approp. Column.	NORM	ABNORM	FINDINGS
Head, face neck and scalp			
Nose, throat, and mouth			
Sinuses			
Ears-general			
Hearing: <input type="checkbox"/> Right <input type="checkbox"/> Left			
Ophthalmoscopic			
Pupils			
Vision <input type="checkbox"/> Right <input type="checkbox"/> Left			
Lungs and chest			
Abdomen and viscera			
Anus and rectum			
Endocrine system			

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Check each item approp. Column.	NORM	ABNORM	FINDINGS
G-U system			
Upper extremities			
Lower extremities			
Feet			
Spine musculoskeletal			
Identifying marks, tattoos, scars			
Skin, lymphatics			
Neurologic			
Psychiatric			
Gynecological			
Allergies			
Other (please specify)			

4. PHYSICAL CAPACITIES (Under "Physical activities" and "Working conditions" symbols as following: (+) No limitations, (0) Limitation, (-) To be avoided

Physical activities: Walking _____ Standing _____ Stooping _____ Kneeling _____
 Lifting _____ Reaching _____ Pushing _____ Pulling _____
 Other (specify) _____

Working conditions: Outside _____ Inside _____ Humid _____ Dry _____ Dusty _____
 Sudden temperature changes _____ Other (specify) _____

5. TESTS: Has the patient had any of the following tests in the last year?

TEST	YES	NO	WHERE DONE	DATE	FINDINGS (IF KNOWN)
Electrocardiogram					
Chest X-ray					
Other X-ray					
Specify					
Breathing tests					
Blood tests					
Specify					
Pap Tests					
Other (specify)					

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6. DIAGNOSIS

1) Major Impairments: _____

2) Minor Impairments: _____

7. Do you believe further diagnostic examination is indicated? _____

8. Is there evidence of any impairment not covered above? (Describe)

9. What restrictions on activities are imposed by impairment?

10. Is any treatment (medical or surgical) recommended to correct or improve major impairment?

11. Remarks/ Other Recommendations:

☐ Reviewed HRST Tracker Form ☐ Reviewed Annual Health Screening Recommendation

DATE OF EXAMINATION _____

DATE OF REPORT _____

TYPE OR PRINT NAME OF PHYSICIAN _____

Physician's Signature

Address



NH Bureau of Developmental Services Annual Health Screening Recommendations Based on Mass Health Quality Partnership (MHQP) Adult Preventive Care Recommendations 2010/11

Name: _____ Age: _____

Date: _____

All Adults

Height/Weight/BMI	Annually.	Date of last screen	Ask HCP to evaluate need for screening
Colorectal Cancer screen	Annual Fecal Occult Blood Testing ages 50+ OR FOBT + Sigmoidoscopy every 5 years ages 50+ OR Colonoscopy every 10 years at ages 50+, per HCP recommendation or if above screens not performed.		<input type="checkbox"/>
Skin cancer screen	Total skin examination every 3 years from 20 – 39. Annually age 40 and older.		<input type="checkbox"/>
Hypertension	At least annually.		<input type="checkbox"/>
Cholesterol	Every 5 years or at HCP discretion.		<input type="checkbox"/>
Diabetes (Type II)	HgbA1c or fasting plasma glucose screen at least every 5 years until age 45 if at high risk. Every 3 years after age 45.		<input type="checkbox"/>
Osteoporosis	Consider Bone Mineral Density (BMD) testing ages 19-59 when risk factors are present (including medications, mobility impairment, hypothyroid). BMD testing for others age 60-65.		<input type="checkbox"/>
Dysphagia and Aspiration	Assess for swallowing problems and symptoms of GERD annually.		<input type="checkbox"/>
STDs	Screen annually, if at risk.		<input type="checkbox"/>
HIV	Periodic testing if at risk.		<input type="checkbox"/>
Hepatitis B & C	Periodic testing if at risk.		<input type="checkbox"/>
Tuberculosis	Skin testing every 1-2 years for individuals at risk.		<input type="checkbox"/>
Depression	Screen annually for sleep, appetite disturbance, weight loss, general agitation.		<input type="checkbox"/>
Dementia	Monitor for problems performing daily activities.		<input type="checkbox"/>

Men

Testicular exam	Annually		<input type="checkbox"/>
Prostate cancer screen (PSA or DRE)	Discuss risks and benefits of screen age 50-75, based on presence of symptoms and clinician/patient discretion; Discuss screen age 40-49 if at risk.		<input type="checkbox"/>

Women

Clinical breast exam	Annually		<input type="checkbox"/>
Mammography	Annually ages 50-69; earlier at HCP discretion.		<input type="checkbox"/>
Pap Smear	Every 2 years through age 29 and every 3 years ages 30-65, depending on risk factors.		<input type="checkbox"/>

Immunizations

Last Date Ask HCP

Tetanus-diphtheria (Tdap)	Three doses given once. TD booster every 10 yrs.		<input type="checkbox"/>
Influenza vaccine	Annually.		<input type="checkbox"/>
Pneumococcal vaccine	Once (booster at age 65).		<input type="checkbox"/>
Hepatitis B vaccine	One series of 3 vaccinations. Reevaluate antibody status every 5 years.		<input type="checkbox"/>
HPV Vaccine	Three doses for unvaccinated adults aged 9-26.		<input type="checkbox"/>

Vision and Hearing

Eye Examination	All should be under an active vision care plan and eye examination schedule based on recommendations from an ophthalmologist or optometrist. • Includes a glaucoma assessment at least once by age 22. • People with diabetes should have an annual eye exam.	<input type="checkbox"/>
Hearing Assessment	Annually. Re-evaluate if hearing problem reported or change in behavior noted.	<input type="checkbox"/>

General Counseling and Guidance

Prevention Counseling	Annually. Accident/fall prevention, fire/burns, choking.	
Abuse or neglect	Annually monitor for behavioral signs of abuse and neglect.	
Healthy Lifestyle	Annually. Diet/nutrition, physical activity, & substance abuse.	
Preconception counseling	As appropriate. Genetic counseling, folic acid supplementation, discussion of parenting capability.	
Menopause management	As appropriate. Counsel on change and symptom management	

Other Populations

Persons with Down Syndrome	<ul style="list-style-type: none"> • Thyroid function test every 3 yrs (sensitive TSH) • Obtain baseline of cervical spine x-ray to rule out atlanto-axial instability; recommend repeat if symptomatic, or 30 years from baseline. • Baseline echocardiogram if no records of cardiac function are available. • Annual screen for dementia after age 40 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B Carriers	Annual liver function test.				<input type="checkbox"/>

Other Screening to be considered at this appointment: (This may include tests recommended previously or by other clinicians that have not yet been performed)