

<div>Current Concerns</div> <div>asasdgasdgasd</div>		<div>Lifestyle/Habits</div> <div><div><div>Diet</div><div>asd</div></div><div><div>Fat/Cholestrol</div><div>asdgasdga</div></div><div><div>Fibre</div><div></div></div><div><div>Calcium</div><div>sdg</div></div><div><div>Sodium</div><div></div></div><div><div>Exercies</div><div>sadgsadg</div></div><div><div>Work Education</div><div>gsadg</div></div></div> <div><div><div>Smoking:</div><div>dg</div></div><div><div>Alcohol:</div><div>dg</div></div><div><div>Drugs:</div><div>dga</div></div><div><div>Sexual History:</div><div>gasdg</div></div><div><div>Family Planning/Contraception:</div><div></div></div><div><div>Sleep:</div><div>sadg</div></div></div> <div><div>Income Below Proverity Line:</div><div><div><input type="radio"/> Yes</div><div><input checked="" type="radio"/> No</div></div></div> <div><div>Family:</div><div>sadg</div></div> <div><div>Relationships:</div><div>sadgsadgas</div></div> <div><div>Update Cumulative Patient Profile</div><div><div><input checked="" type="checkbox"/> Family History</div><div><input type="checkbox"/> Medications</div><div><input type="checkbox"/> Hospitalizations/Surgeries</div><div><input type="checkbox"/> Allergies</div></div></div>																																																									
<div>Functional Inquiry</div> <table><thead><tr><th></th><th>Normal</th><th>Abnormal</th><th>Remarks</th></tr></thead><tbody><tr><td>HEENT:</td><td><input type="radio"/></td><td><input checked="" type="radio"/></td><td></td></tr><tr><td>CVS:</td><td><input type="radio"/></td><td><input checked="" type="radio"/></td><td></td></tr><tr><td>Resp:</td><td><input type="radio"/></td><td><input type="radio"/></td><td></td></tr><tr><td>Breasts:</td><td><input type="radio"/></td><td><input type="radio"/></td><td></td></tr><tr><td>GI:</td><td><input type="radio"/></td><td><input checked="" type="radio"/></td><td>asdg</td></tr><tr><td>GU/Menses:</td><td><input checked="" type="radio"/></td><td><input type="radio"/></td><td></td></tr></tbody></table>			Normal	Abnormal	Remarks	HEENT:	<input type="radio"/>	<input checked="" type="radio"/>		CVS:	<input type="radio"/>	<input checked="" type="radio"/>		Resp:	<input type="radio"/>	<input type="radio"/>		Breasts:	<input type="radio"/>	<input type="radio"/>		GI:	<input type="radio"/>	<input checked="" type="radio"/>	asdg	GU/Menses:	<input checked="" type="radio"/>	<input type="radio"/>		<table><thead><tr><th></th><th>Normal</th><th>Abnormal</th><th>Remarks</th></tr></thead><tbody><tr><td>Sexual Function:</td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr><tr><td>MSK:</td><td><input type="radio"/></td><td><input checked="" type="radio"/></td><td>sadsadgsa</td></tr><tr><td>Neuro:</td><td><input type="radio"/></td><td><input type="radio"/></td><td>asdgasdg</td></tr><tr><td>Dem:</td><td><input checked="" type="radio"/></td><td><input type="radio"/></td><td></td></tr><tr><td>Mental Health:</td><td><input checked="" type="checkbox"/></td><td><div>Depression screen<div><input checked="" type="checkbox"/> positive<input checked="" type="checkbox"/> negative</div></div></td><td></td></tr><tr><td>Constitutional SX:</td><td><input checked="" type="checkbox"/></td><td></td><td>sadsadg</td></tr></tbody></table>			Normal	Abnormal	Remarks	Sexual Function:	<input checked="" type="checkbox"/>			MSK:	<input type="radio"/>	<input checked="" type="radio"/>	sadsadgsa	Neuro:	<input type="radio"/>	<input type="radio"/>	asdgasdg	Dem:	<input checked="" type="radio"/>	<input type="radio"/>		Mental Health:	<input checked="" type="checkbox"/>	<div>Depression screen<div><input checked="" type="checkbox"/> positive<input checked="" type="checkbox"/> negative</div></div>		Constitutional SX:	<input checked="" type="checkbox"/>		sadsadg
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<div>Report</div> <div>State</div> <div>Other</div> <div>Gen</div> <div>Unless</div> <div>For</div>	<div>Behavioural</div> <div><input checked="" type="checkbox"/> folic acid (0.4-0.8 mg OD, for childbearing women) <input checked="" type="checkbox"/> adverse nutritional habits <input type="checkbox"/> adequate calcium intake (100 to 150 mg/d) <input checked="" type="checkbox"/> adequate vitamin D (400 to 1000 IU/day) <input type="checkbox"/> regular sun expose, use protective clothing <input checked="" type="checkbox"/> safe sex practices/STD counseling</div> <div>Obesity(BMI \geq 30) <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> weight loss counseling if overweighted <input checked="" type="checkbox"/> screen for mental illness <input checked="" type="checkbox"/> multidisciplinary approach</div> <div>Smoking <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="checkbox"/> weight loss counseling if overweighted <input type="checkbox"/> nocotine replacement therapy/other drugs <input checked="" type="checkbox"/> dietary advice on fruits and green leafy vegetables <input type="checkbox"/> referral to validated smoking cessation program</div>		<div>Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No <input checked="" type="checkbox"/> case finding for problem drinking <input checked="" type="checkbox"/> counseling for problem drinking</div> <div>Elderly <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> cognitive assessment (if concerns) <input type="checkbox"/> fall assessment (if history of falls)</div> <div>Oral Hygiene <input type="checkbox"/> cognitive assessment <input checked="" type="checkbox"/> fluoride (toothpaste / supplement) <input checked="" type="checkbox"/> tooth scaling and prohyiaais <input checked="" type="checkbox"/> smoking cessation</div>	<div>Personal Safety <input checked="" type="checkbox"/> hearing protection <input checked="" type="checkbox"/> noise control programs <input checked="" type="checkbox"/> seat belts</div> <div>Parents with <input type="radio"/> Yes <input checked="" type="radio"/> No children <input type="checkbox"/> poison control prevention <input checked="" type="checkbox"/> smoke detectors <input checked="" type="checkbox"/> non -flammable sleepwear <input checked="" type="checkbox"/> hot water thermostat settings (<54°C)</div>																																																							
	<div>Physical Examination</div> <div><div>HR:</div><div>BP:</div><div>RR:</div><div>HT:</div><div>WT:</div><div>BMI:</div><div>Waist Circumference:</div><div>Ratio:</div></div> <div><div>fsa</div><div>df</div><div>fd</div><div>sadf</div><div>sadf</div><div>10-16</div></div>																																																										

	Normal	Abnormal	Remarks		Normal	Abnormal	Remarks
Eyes:	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>	Snellen sight card: <input type="checkbox"/> R <input type="checkbox"/> L	Breasts:	<input checked="" type="radio"/>	<input type="radio"/>
Nose:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>	Whispered voice test: <input type="checkbox"/> R <input type="checkbox"/> L	Abdo:	<input type="radio"/>	<input checked="" type="radio"/>
Ears:	<input checked="" type="radio"/>	<input type="radio"/>	f		Ano-Rectum:	<input checked="" type="radio"/>	<input type="radio"/>
Mouth/Throat:	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>		Pelvic:	<input type="radio"/>	<input type="radio"/>
Neck/Thyroid:	<input type="radio"/>	<input checked="" type="radio"/>	sdf		<input checked="" type="checkbox"/> Pap		asdf
CVS:	<input type="radio"/>	<input checked="" type="radio"/>	sadfs		Neuro:	<input type="radio"/>	<input type="radio"/>
Resp:	<input checked="" type="radio"/>	<input type="radio"/>	sdf		Derm:	<input type="radio"/>	<input checked="" type="radio"/>
					MSK/Joints:	<input checked="" type="radio"/>	<input type="radio"/>
					Extremities:	<input type="radio"/>	<input type="radio"/>

Age	21 - 64 years	≥ 65 years
sq1	<input type="checkbox"/> Mammography (50-69 yrs, q1-2) <input checked="" type="checkbox"/> Hemocult multiphase q1-2 years (age ≥ 50) OR <input checked="" type="checkbox"/> Sigmoidoscopy OR <input type="checkbox"/> Colonoscopy <input type="checkbox"/> Cervical Cytology q1-3 yrs (sexually active until age 69) <input checked="" type="checkbox"/> Gonorrhea /Chlamydia/ Syphilis/HIV/HBV screen (high risk) <input checked="" type="checkbox"/> Fasting Lipid Profile (≥ 50 yr or postmenopausal or sooner if at risk) <input type="checkbox"/> Fasting Blood Glucose, at least q3 yrs (≥ 40 yr or sooner if at risk) <input type="checkbox"/> Bone Mineral Density if at risk (reasses risk in 1-3 yr if moderate risk, in 5 yr if low risk)	<input type="checkbox"/> Mammography (50-69 yrs, q1-2) <input checked="" type="checkbox"/> Hemocult multiphase q1-2 years (age 65 - 74) OR <input type="checkbox"/> Sigmoidoscopy OR <input type="checkbox"/> Colonoscopy <input checked="" type="checkbox"/> Audioscope (or Inquiryrelwhispered voice test) <input checked="" type="checkbox"/> Fasting Lipid Profile <input type="checkbox"/> Fasting Blood Glucose, at least q3 yrs (more often if at risk) <input checked="" type="checkbox"/> Bone Mineral Density (reasses risk in 1-3 yr if moderate risk, in 5 yr if low risk)
mmj	<input checked="" type="checkbox"/> Tetanus vaccine q10yr <input type="checkbox"/> Meningococcal vaccine (high risk) <input type="checkbox"/> Influenza vaccine q1yr <input checked="" type="checkbox"/> Herpes zoster vaccine (age ≥ 60) <input type="checkbox"/> Pneumococcal vaccine (high risk) <input checked="" type="checkbox"/> Acellular pertussis vaccine <input type="checkbox"/> Human papillomavirus vaccine (3 doses) (age 9-26) <input type="checkbox"/> Rubeilla vaccine <input checked="" type="checkbox"/> Rubeilla Immunity <input checked="" type="checkbox"/> Varicella vaccine (2 doses) <input type="checkbox"/> Varicella Immunity	<input type="checkbox"/> Tetanus vaccine q10yr <input type="checkbox"/> Influenza vaccine q1yr <input checked="" type="checkbox"/> Pneumococcal vaccine <input type="checkbox"/> Acellular pertussis vaccine <input checked="" type="checkbox"/> Herpes zoster vaccine <input type="checkbox"/> Varicella vaccine (2 doses) <input checked="" type="checkbox"/> Varicella Immunity

Assessment and Plans:

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