Annual Physical Examination

Health Practitioner

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Cholesterol _____ Ratio_____ HDL_____ LDL_____ Day of cycle____ Date _____

Blood (CBC) _____ Age at time of examination ___

Urine test _____ Height _____Weight _____

Cervical smear _____ Pulse _____

Chlamydia test (optional) _____ Blood pressure _____/_____

Other Tests _____ Shots/Boosters/Vaccines

_____ _____

_____ _____

_____ _____

	Status	Comments
Breast examination		
Mammogram		
Cervix		
Uterus		
Ovaries		
Heart		
Lungs		

Prescriptions _____

Recommendations _____

_____

Referrals _____