Annual Physical Exam

Health Practitioner

_____

Cholesterol _____ Ratio _____ HDL _____ LDL _____ Date _____

Triglycerides _____ Cycle Day _____

CBC: Red Blood Cells _____ White Blood Cells _____ Height _____ Weight _____

Hematocrit _____ Vitamin D _____ Pulse _____

Urine Test _____ Pap test _____ Blood Pressure _____/_____

Chlamydia Test (optional) _____ HPV test (optional) _____ Shots/Boosters/Vaccines

Other Tests _____ _____

_____ _____

	Status	Comments
Breast Exam		
Mammogram		
Cervix		
Uterus		
Heart		
Lungs		

Prescriptions _____

Recommendations _____

_____

Referrals _____

Notes _____

_____