

**CHAMPLAIN COMMUNITY SERVICES, INC.**

512 Troy Avenue, Suite 1, Colchester, VT 05446

655-0511 (P)      655-5207 (F)

**ANNUAL PHYSICAL EXAMINATION**

<b>CLIENT NAME</b>	<b>IDENTIFICATION NUMBER</b>	<b>DATE</b>
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**LIST OF CURRENT MEDICAL PROBLEMS AND MEDICATIONS:**

  
  

AGE	HEIGHT	WEIGHT	HEAD CIRCUMF.	TEMPERATURE	PULSE	RESPIRATION	BLOOD PRESSURE
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**CODE:   0 = NEGATIVE FINDING      + = POSITIVE FINDING      N = NOT EVALUATED**

GENERAL	THROAT	LUNGS	HERNIA	CRANIAL NERVES
SKIN	NECK	ABDOMEN	SPINE	MOTOR SYSTEM
HEAD	LYMPH NODES	LIVER	POSTURE	SENSORY SYSTEM
EYES	THYROID	KIDNEYS	JOINTS/BONES	MENTAL STATUS
NOSE	CHEST	SPLEEN	LYMPHATIC	LAB TESTS
EARS	BREAST	RECTUM	EXTREMITIES	DIETARY
TEETH	PERIPHERAL VESSELS	PROSTATE	MUSCLE TONE	VISION TEST
MOUTH	HEART	GENITALIA	REFLEXES	HEARING TEST

<b>GROSS VISION</b>	REFERRAL	<b>GROSS HEARING</b>	REFERRAL
	WITHIN NORMAL LIMITS		WITHIN NORMAL LIMITS

<b>PAP TEST</b>	OBTAINED	<b>MAMMOGRAM</b>	REFERRAL
	NOT APPLICABLE		NOT APPLICABLE

**CBC AND LIVER FUNCTION TEST AS A BASELINE-DATE/YEAR: \_\_\_\_\_ . REQUIRED AS A BASELINE.**

**CANCER SCREENING: 20 – 40 YEARS OLD (EVERY THREE YEARS)** \_\_\_\_\_  
Date completed

**CANCER SCREENING: 40+ YEARS OLD (ANNUALLY)** \_\_\_\_\_  
Date completed

<b>REQUIRED LAB</b>	<b>ORDERED</b>
	<b>NOT ORDERED (PLEASE EXPLAIN)</b>

**DESCRIPTION OF POSITIVE AND SIGNIFICANT NEGATIVE FINDINGS:**

**MEDICATIONS RENEWED:**

**LEGAL STATUS RECOMMENDATION:**

**MEDICATION ASSESSMENT:**

\_\_\_\_\_  
**PHYSICIAN SIGNATURE**

\_\_\_\_\_  
**PHYSICIAN NAME (print)**

\_\_\_\_\_  
**CHAMPLAIN COMMUNITY SERVICES STAFF**

\_\_\_\_\_  
**TITLE**