

CHAMPLAIN COMMUNITY SERVICES, INC.

512 Troy Avenue, Suite 1, Colchester, VT 05446

655-0511 (P) 655-5207 (F)

ANNUAL PHYSICAL EXAMINATION

| | | |
|--------------------|------------------------------|-------------|
| CLIENT NAME | IDENTIFICATION NUMBER | DATE |
|--------------------|------------------------------|-------------|

| |
|--|
| LIST OF CURRENT MEDICAL PROBLEMS AND MEDICATIONS: |
|--|

| | | | | | | | |
|------------|---------------|---------------|----------------------|--------------------|--------------|--------------------|-----------------------|
| AGE | HEIGHT | WEIGHT | HEAD CIRCUMF. | TEMPERATURE | PULSE | RESPIRATION | BLOOD PRESSURE |
|------------|---------------|---------------|----------------------|--------------------|--------------|--------------------|-----------------------|

| | | | | | | | | |
|-----------------------------------|--|--|-----------------------------|--|--|--------------------------|--|--|
| 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 |

| | | | |
|---------------------|-----------------------------|----------------------|-----------------------------|
| GROSS VISION | REFERRAL | GROSS HEARING | REFERRAL |
| | WITHIN NORMAL LIMITS | | WITHIN NORMAL LIMITS |

| | | | |
|-----------------|-----------------------|------------------|-----------------------|
| PAP TEST | OBTAINED | MAMMOGRAM | 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

| | |
|---------------------|-------------------------------------|
| REQUIRED LAB | ORDERED |
| | NOT ORDERED (PLEASE EXPLAIN) |

DESCRIPTION OF POSITIVE AND SIGNIFICANT NEGATIVE FINDINGS:

MEDICATIONS RENEWED:

LEGAL STATUS RECOMMENDATION:

MEDICATION ASSESSMENT:

PHYSICIAN SIGNATURE

PHYSICIAN NAME (print)

CHAMPLAIN COMMUNITY SERVICES STAFF

TITLE