

Health Assessment Checklist – Annual Exam

Patient Information

Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Date of Exam:	<input type="text"/>	Provider:	<input type="text"/>

General Health

- Weight/Height/BMI
- Blood Pressure
- Heart Rate
- Temperature

Lifestyle

- Tobacco Use
- Alcohol Use
- Physical Activity
- Diet/Nutrition
- Immunizations Reviewed

Screenings

- Vision
- Hearing
- Skin Exam
- Cancer Screening (as applicable)
- Depression/Anxiety

Physical Exam

- Head, Eyes, Ears, Nose, Throat
- Heart & Lungs
- Abdomen
- Musculoskeletal
- Neurological
- Genitourinary/Breast/Pelvic/Prostate

Labs and Tests Ordered

- Blood Work (CBC, Lipids, etc.)

Urinalysis

Other (specify):

List other labs/tests here

Assessment & Plan

Notes/Follow-Up:

Enter assessment, plan, and follow-up recommendations

Sample checklist – for reference only.