

Health Assessment Checklist – Annual Exam

Patient Information

Name:

Date of Birth:

Date of Exam:

Provider:

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.