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Grand Junction Colorado
Phone: 970.245.1616
Fax: 970.241.8722

2145 Academy Place
Colorado Springs CO 80909
Phone: 719.260.6110
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4251 Kipling Street Suite 500
Wheat Ridge CO 80033
Phone: 303.703.9351
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Annual Health Evaluation

Patient Name: Date of Birth:

Patient Address:

Physician's Name: Date of Exam:

1. General Information: Sex: Weight: Height:

Blood Pressure: Pulse:

Allergies/Medications:

2. Ears: Nose:

Throat:

3. Eyes/Vision:

Current Exam Requested:

4. Cardiopulmonary Status:

5. Abdomen:

Specific Diet Currently Prescribed:

6. Genitalia:

7. Muscular/Skeletal:

8. Neurological:

9. Medications Currently Prescribed:

10. Impressions/Diagnosis:

Lab Work/Diagnostic Tests/Consult Request:

Additional Medication/Treatment Prescribed:

11. Is the patient free of communicable diseases on this date?

Recommendation:

12. May the patient participate in Special Olympics?

Restrictions:

13. Is staff supervision of medication requested?

14. Vaccinations Given (please list dates given):

TB Test: _____ TB Result: _____ Flu Shot: _____

Hep B: _____ Pneumovax: _____

MMR: _____ Rubella: _____

Tetanus/Diphtheria: _____ Other: _____

Physician Signature: _____

Date: _____