

# PROACTIVE MEDICAL

# SCREENINGS

ANNUALLY

## WELLNESS EXAM

A regular check in with your medical provider for routine medical screenings like blood pressure, heart rate, neuromuscular screening, potentially EKG and routine blood work like a CBC, thyroid, and cholesterol screening. These visits will also refer you to regular screenings like colonoscopy when you reach a certain age.



ANNUALLY

## ANNUAL GYNECOLOGICAL EXAM

For people who have a vagina, this is typically recommended annually to have a PAP smear, breast examination, and check in on their pelvic organs. This assessment will also make sure to refer you for your mammogram when it is the correct time.



ANNUALLY

## EYE EXAM

Go to your favorite eye doctor to get your peepers checked. This is a great way to check in on your overall health and even more important if you've noticed vision issues or have had a recent onset of headaches or dizziness.



2X/YEAR

## DENTAL CHECK UPS

Research studies link cardiovascular health to dental health. It is important to get your teeth checked and cleaned two times a year to maintain their health!



2X/YEAR

## SKIN CHECKS

It is very important to go to a skilled dermatologist for skin checks 2 times per year to make sure there are no growths or problem areas that would benefit from early intervention.



## FAMILIAL MEDICAL

# HISTORY

Write in the known medical issues of the following biological family members.

1

MOTHER

2

FATHER

3

MATERNAL  
GRANDPARENTS

4

PATERNAL  
GRANDPARENTS

NAME: \_\_\_\_\_

# PROVIDERS

DATE UPDATED: \_\_\_\_\_

- PCP ● \_\_\_\_\_
- OBGYN ● \_\_\_\_\_
- UROGYN ● \_\_\_\_\_
- UROLOGIST ● \_\_\_\_\_
- ENDOCRINOLOGY ● \_\_\_\_\_
- GASTROINTESTINAL ● \_\_\_\_\_
- CARDIOLOGY ● \_\_\_\_\_
- DERMATOLOGY ● \_\_\_\_\_
- HEMATOLOGY ● \_\_\_\_\_
- PODIATRIST ● \_\_\_\_\_
- NEUROLOGIST ● \_\_\_\_\_
- ORTHOPEDIST ● \_\_\_\_\_
- DENTIST ● \_\_\_\_\_
- OPHTHAMOLOGIST ● \_\_\_\_\_
- OTHER: ● \_\_\_\_\_
- OTHER: ● \_\_\_\_\_
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- OTHER: ● \_\_\_\_\_

# MEDICAL OVERVIEW

## SUMMARY

List if you have any implantable items like IUD, joint replacement, etc

Implants: \_\_\_\_\_

### MEDICATION

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
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### SUPPLEMENTS

<input type="checkbox"/>	_____
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### MEDICAL TESTS

<input type="checkbox"/>	_____
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<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

### SURGERIES

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

# VISIT PREPARATION

*Use this worksheet to help you prepare for your upcoming appointment.*

## **DID YOU HAVE ANY TESTING FOR THIS VISIT?**

Make sure to complete this in a timely manner and have results sent to your providers.

1

## **DID YOU HAVE ANY BLOODWORK FOR THIS VISIT?**

Make sure you have completed this and sent it to your providers.

2

## **HAVE YOU THOUGHT OF ANY QUESTIONS OR CONCERNS SINCE YOUR LAST VISIT?**

3

## **HAVE ANY NEW MEDICAL, PHYSICAL, OR LIFE CHANGES HAPPENED SINCE YOUR LAST VISIT THAT YOU SHOULD DISCUSS WITH YOUR PROVIDER?**

4

# QUESTIONS

1



2



3



4



5



6



7

POST VISIT

# CHECK IN

*Fill in after a provider visit.*

ASK YOURSELF...	WRITE YOUR ANSWERS HERE....
What was my goal for this visit?	
Did I achieve the goal of this visit?	
Were my concerns heard and acted upon?	
Was I given new instructions, information, medications, etc?	
Do I feel comfortable with the events of this visit and my plan of care? Do I need further support?	



**WE HOPE THIS GUIDE WAS HELPFUL TO YOU.**

**PRACTICALLY PERFECT PHYSICAL THERAPY IS AN INSURANCE BASED PRACTICE THAT SPECIALIZED IN 1:1 CARE TO HELP YOU ACHIEVE YOUR HEALTH GOALS TO LIVE YOUR BEST LIFE.**

**IF YOU'D LIKE TO SCHEDULE AN APPOINTMENT WITH US, PLEASE CONTACT US!**

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# **PRACTICALLY PERFECT PHYSICAL THERAPY**

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## **GET IN TOUCH**



[INFO@PRACTICALLYPERFECTPT.COM](mailto:INFO@PRACTICALLYPERFECTPT.COM)



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