

# Healthy Living Primary Care

## ANNUAL PHYSICAL QUESTIONNAIRE

Since your last examination, please update us of ANY CHANGES only:

1. New medical condition in the past year: \_\_\_\_\_ ☐ No Change
2. New surgical condition in the past year: \_\_\_\_\_ ☐ No Change
3. New family history in the past year: \_\_\_\_\_ ☐ No Change
4. Any change to your social history? \_\_\_\_\_ ☐ No Change  
Marital status: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Smoking status: \_\_\_\_\_ Alcohol usage: \_\_\_\_\_
5. Any new medication from other doctors? \_\_\_\_\_ ☐ No Change
6. Any new allergy to medication? \_\_\_\_\_ ☐ No Change
7. Sexual history: ☐ Not active ☐ Active; With monogamous partner: ☐ Yes ☐ No
8. Sexual satisfaction: ☐ Yes ☐ No  
a. If not, it is due to ☐ erectile dysfunction ☐ premature ejaculation ☐ low libido ☐ vaginal dryness
9. Form of contraception: ☐ None ☐ condom ☐ Vasectomy ☐ Birth control pills ☐ Depo Provera  
☐ IUD (Mirena or Paraguard) ☐ Nuvaring ☐ birth control implants (Implanon or Explanon) ☐ Menopause
10. **(FOR WOMEN only)** Last menstrual period: \_\_\_\_\_ or age of menopause: \_\_\_\_\_  
a. **Pattern:** ☐ Regular ☐ Irregular ☐ normal flow ☐ heavy flow ☐ light flow
11. **(FOR WOMEN only):** Do you have any of the following symptoms? (please circle):  
☐ Vaginal discharge ☐ Vaginal itchiness ☐ Vaginal burning ☐ Vaginal odor  
☐ Urinary frequency ☐ Urinary incontinence ☐ Hot flashes ☐ **NONE OF THE ABOVE**
12. **(FOR MEN only):** Do you have urinary symptoms? (please circle):  
☐ Urinary Frequency ☐ Decrease urinary stream ☐ Dribbling  
☐ Frequent urination at night (more than 2X at night) ☐ **NONE OF THE ABOVE**
13. How much do you exercise?  
☐ None / Or no designated exercise time \_\_\_\_\_ minutes, for \_\_\_\_\_ times a week, doing \_\_\_\_\_
14. Please list your current specialists: \_\_\_\_\_
15. Do you have an advance directive: ☐ No ☐ Yes What is your wish? \_\_\_\_\_
16. Today's appointment is reserved for preventative care only. However, for your convenience and to save you another office visit, we will do our best to address your other health concerns within the 30 minute appointment slot. A co-pay will be applied to this visit if you wish to discuss any non-preventative care concerns today. Are there other issues that you would like to address today? ☐ NONE or \_\_\_\_\_  
\_\_\_\_\_