Physical Form

Name:	fame: Date:						
Preferred pronoun:							
You are here for a physical exam. Please note that the purpose of this exam is to screen you for problem							
and focus on preventative health. Any							
visit. Please answer the following ques	tions:						
• Have you had any major life changes in the past year? If so, what were they?							
		dications in if you					
Name:	Dose:	Renew:					
Name:							
		Renew:					
Name:							
		Renew:					
Name:		Renew:					
• What over the counter or herbal m	edications do you take regularly?						
Name:	D	Dose:					
Name:	D	ose:					
Name:	D	Dose:					
Name:	D	ose:					
Name:	D	ose:					
Name:	D	ose:					
• Which specialist(s) are you seeing a therapists, physiotherapists, etc.)?	about your health (including doctors, chiro	practors, massage					
Name:	Specialty:						
Name:							
	Specialty:						
	Specialty:						
	Specialty:						
Name:	Specialty:						

Do you have any allergies?	Yes	No	If so, what are they?		at are they?		
Please answ	er the fo	ollowing	questi		out lifestyle habits		
Oo you currently:							
Orink caffeinated drinks?	Yes	No	If yes	, # of d	rinks per day?		
Jse tobacco products?	Yes	No	If yes	, # time	es per day?		
Jse cannabis?	Yes	No	If yes	If yes, # times per week?			
Take recreational drugs?	Yes	No			es per week?		
Have you seen another physician in provide details)					medical marijuana use? (if so, please		
Please answer the	followin	ıg questi	ons ab	out saf	fety habits		
Oo you currently:							
Vear sunscreen when you are out	side?	Yes	No	Com	ments:		
Vear seatbelts when you are in a v		Yes	No		ments:		
Vear helmets when you ski/snowl		Yes	No	Com	ments:		
Avoid talking on the cellphone wh			No		ments:		
Avoid texting while driving?	ine dirvi	Yes	No	Com	ments:		
	£.11						
Please answer the	IOHOWH	ig questi	ons au	out pr	eventative nearth		
Do you currently:							
See an eye doctor regularly (at lea	st every	2 years)?	? Yes	No	Comments:		
See a dentist regularly (at least year	arly)?		Yes	No	Comments:		
Eat 2-4 servings of dairy (or equiv		er day?	Yes	No	Comments:		
Take at least 1000IU of Vitamin D	per day	?	Yes	No	Comments:		
Take at least 0.4mg of folic acid p	er day(w	omen on	ly)? Y e	es No	Comments:		
Eat fish at least 3 times per week?			Yes	No	Comments:		
Limit the amount of fat you eat?			Yes	No	Comments:		
imit the amount of salt you eat?			Yes	No	Comments:		
Are you currently experiencin	σ anv ve	rhal em	notions	l or n	hysical abuse? If so, please explain		
The you currently experiencing	g any ve	ı baı, cıı	iotioni	n, or p	nysicai abuse. Il so, picase explani		
Are you familiar with the Albohow to become a donor?					f not, would you like information o		
Have you designated anyone t unable to so?				_	<u> </u>		
Have you checked your home							