FERNALD MEDICAL MONITORING PROGRAM

PHYSICIAN'S HISTORY
(FOR ADULTS)

Date of Examination: ____________________ Age: ______________

Date of Birth: __ __/__ __/__ __

H1. Ongoing Medical Problems:

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________
6. ______________________________

H2. Resolved Medical Problems (include dates [year]):

1. ______________________________ 19 __ __
2. ______________________________ 19 __ __
3. ______________________________ 19 __ __
4. ______________________________ 19 __ __
5. ______________________________ 19 __ __
6. ______________________________ 19 __ __

H3. Medical/Surgical Procedure History (include dates [year]):

1. ______________________________ 19 __ __
2. ______________________________ 19 __ __
3. ______________________________ 19 __ __
4. ______________________________ 19 __ __
5. ______________________________ 19 __ __
6. ______________________________ 19 __ __

H4. **Lifestyles:** (check yes or no for each):

Yes	No		If yes, average daily habit
___	___	Smoking:	cigarettes per day __ __
___	___	Alcohol:	total servings of beer, wine, liquor __ __ specify: ______________
___	___	Recreational type drugs:	times per week __ __
___	___	Exercise:	times per week __ __
		what types: ______________________________	

H5. **Medications** (include OTC's--taken on a regular basis):

	Name	Dose	Freq.
1.	______	______	______
2.	______	______	______
3.	______	______	______
4.	______	______	______
5.	______	______	______
6.	______	______	______

H6. **Medication Allergies/Reactions:**

	Drug Name	Reaction
1.	______	______
2.	______	______
3.	______	______
4.	______	______

H7. **Recommended Immunizations:**

Tetanus (dT)*	Last Given (year): ________	Indicated? Y N
Influenza **	Last Given (year): ________	Indicated? Y N
Pneumonia **	Last Given (year): ________	Indicated? Y N
Measles ***	Last Given (year): ________	Indicated? Y N

* Indicated every 10 years.
** Indicated if 65 or older, or if chronic cardiopulmonary disease.
*** Indicated if born after 1956 and only vaccinated once before.

Code: ____
Page: 3

H8. **FAMILY HISTORY**

______ Check if no family history available (e.g. adopted)
Major Medical Problems

NAME: Write in names of all family members including parents	Sex	Vital Status** (Circle)	AGE*	FMMP Participant	Major Medical Problems
Mother	F	A D		y n	
Father	M	A D		y n	
Siblings (Please list full name including maiden and former names)					
1.		A D		y n	
2.		A D		y n	
3.		A D		y n	
4.		A D		y n	
5.		A D		y n	
6.		A D		y n	
7.		A D		y n	
8.		A D		y n	
9.		A D		y n	
Children (Please list full name including maiden and former names)					
1.		A D		y n	
2.		A D		y n	
3.		A D		y n	
4.		A D		y n	
5.		A D		y n	
6.		A D		y n	
7.		A D		y n	
8.		A D		y n	
9.		A D		y n	

*Current age if living; age at death if not living.
**Circle one of these: A=Alive, D=Dead.

Code: ____________
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H9. **Review of Systems**
Symptoms spontaneously reported: ______________________________

____

		Yes	No	If yes, provide details
Gen	Sleep problems			
	Poor appetite			
	Weight Loss			
	No Energy/Fatigue			
	Sweats/Fever			
H & N	Frequent Headaches			
	Neck pain/Stiffness			
	Neck Lumps/Swelling			
Eyes	Loss of Vision			
	Blurring/Diplopia			
	Pain, itch, watery			
Ears	Hearing Loss			
	Tinnitus			
	Earaches			
	Dizziness			
Oral	Tooth Problems			
	Ulcers/Lumps			
	Sore Throat			
	Hoarseness			
Nose	Rhinitis ("sinus")			
	Epistaxis (frequent)			
Resp	Shortness of Breath			
	Cough			
	Hemoptysis			

H9. Review of Systems (continued)

		Yes	No	If yes, provide details
CVS	Palpitations			
	Chest Pain			
	Murmur			
GI	Dysphagia			
	Nausea/Vomiting			
	"Indigestion", etc.			
	Abdominal pain			
	Changed bowel habits			
	Rectal bleed/Melena			
GU	Freq/Urg/Dysuria			
	Incontinence			
	Hematuria			
	Nocturia			Get up ___times to urinate for _____ years.
	Hesitancy			
MS	Joint pain			
	Joint swelling			
	Leg swelling(edema)			
Skin	Rash			
	Lesions			
Neuro	Numbness/tingling			
	Weakness			
	Poor Balance/ Coordination			

9. <u>Review of Systems</u> (continued)

		Yes	No	If yes, provide detalis
Male	Testicular lumps/pain			
	Penile discharge/ulcer			
	Hernia			
Female	Menstrual problems			
	Breast lumps			
	Breast Self-Examination			

For Women, answer the following questions also (if appropriate):

____ Premenopausal ____ Postmenopausal

____ Menstruation maintained by hormones.

Last menstrual period: ______

Number of pregnancies: ______

Last Pap smear: ______

Did patient's mother take DES while pregnant: ______ Yes

______ No

______ DK

FERNALD MEDICAL MONITORING PROGRAM
PHYSICAL EXAMINATION

P1. **Vital Signs**

Height ____ ____"   Weight ____ ____ ____lbs

*BP __ __ __/ __ __ __   2nd BP __ __ __/ __ __ __

Arm L R   Cuff size: Regular Large Ped

Pulse: Rate _____ (check one:) ____Regular ____Irregular

Body frame size ☐ small ☐ medium ☐ large

For each system, check appropriate choice(s):

P2. **General**

____ The participant is well-developed, well-nourished, and appears well.
____ Abnormal (describe):____

____

Code: ___ ___ ___ ___ ___ ___ ___ ___ ___

P3. **Skin**

____ Normal skin without rashes or lesions of concern.
____ Rash/lesions (describe):____

____

Code: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

P4. **Eyes/Vision**

When was your last eye exam? ______ years ago
Visual acuity (check one): ______ Corrected ______ Not Corrected

Right __________

Left __________ (Snellen Chart) Normal 20/20

____ Normal extraocular movements and pupils.
____ Normal funduscopic examination.
____ Abnormal (describe): ____

____

Code: ___ ___ ___ ___ ___ ___ ___ ___ ___

*2nd Blood pressure should be taken later in the visit if first reading is 140/90 or greater.

P5. **Ears/Hearing**

Hearing acuity:

	Gross	500	1000	2000	4000 Hz
Right ear	_____	_____	_____	_____	_____
Left ear	_____	_____	_____	_____	_____

Normal: 20 db or less
25-40 : mild hearing loss except (25 dB normal at 500 Hz)
45-60 : moderate hearing loss
65-80 : Severe hearing loss

This is a screening hearing test not performed in a sound proof booth. The results should be interpreted with caution. Discuss any loss of hearing you notice with your private physician.

_____ Normal external canals and tympanic membranes.

_____ Abnormal (describe): ____

____

Code: ___ ___ ___ ___ ___ ___ ___ ___ ___

P6. **Mouth and Throat**

_____ Adequate dental hygiene. (check here if dentures______)

_____ Oral cavity normal without lesions or erythema.

_____ Abnormal (describe):____

Code: ___ ___ ___ ___ ___ ___ ___ ___ ___

P7. **Nose/Sinus**

____ Normal septum and turbinates. No sinus tenderness.

____ Abnormal (describe):____

____

____

Code: ___ ___ ___ ___ ___ ___ ___ ___ ___

P8. **Neck/Thyroid**

____ Thyroid normal size without nodules.

____ Carotid pulses 3/3 both sides without bruits.

____ Abnormal (describe):____

____

Code: ___ ___ ___ ___ ___ ___ ___ ___ ___

Lymph Nodes

No neck adenopathy

No supraclavicular adenopathy

No axillary adenopathy

_ No inguinal adenopathy

_ Enlarged Nodes (describe):____

____

le: ___ ___ ___ ___ ___ ___ ___ ___ ___

0. Chest

___ Normal, comfortable respirations (no respiratory distress).

___ Clear to auscultation and percussion.

___ Abnormal (describe):____

____

Code: ___ ___ ___ ___ ___ ___ ___ ___ ___

P11a. Breasts (females)

____ Breasts symmetrical without masses or discharge.

____ Abnormal (describe):____

____

Code: ___ ___ ___ ___ ___ ___ ___ ___ ___

P11b. Breasts (males)

____ No gynecomastia or breast nodules.

____ Abnormal (describe):____

____

Code: ___ ___ ___ ___ ___ ___ ___ ___ ___

P12. Cardiovascular

____ Normal jugular venous pressure.

____ Normal heart size without heave or thrill.

____ Normal S_1, S_2, without clicks.

____ No murmur, gallop, or rub.

____ Abnormal (describe): ____

____

Code: ___ ___ ___   ___ ___ ___   ___ ___ ___   ___ ___ ___

P13. Peripheral Pulses

Pulses (check if present and normal):

0 = absent, 1 = decreased, 2 = normal

	Right	Left
Brachial	_____	_____
Radial	_____	_____
Femoral	_____	_____
Dorsalis pedis	_____	_____
Posterior tibial	_____	_____

P14. Abdomen

____ Bowel sounds are normal.

____ The liver and spleen are not enlarged.

____ There are no masses or bruits.

____ There is no pain or tenderness on palpation.

____ Abnormal (describe): ____

____

Code: ___ ___ ___   ___ ___ ___   ___ ___ ___   ___ ___ ___

P15a. **Pelvis and Groin** (females)

_____ No hernia.

_____ External genitalia normal.

_____ Speculum exam shows normal vagina and cervix without discharge.

_____ Bimanual examination shows normal uterus and adnexa.

_____ (age 40 and above) Normal rectal examination without masses.

_____ Abnormal (describe):____

____

Results of stool testing for blood taken during the rectal exam:

+ - no stool

Code: ___ ___ ___ ___ ___ ___ ___ ___ ___

P15b. **Pelvis and Groin** (males)

_____ No hernias.

_____ Testicles descended without nodules.

_____ (age 40 and above) Normal prostrate.

_____ (age 40 and above) No rectal masses.

_____ Abnormal (describe):____

____

Results of stool testing for blood taken during the rectal exam:

+ - no stool

Code: ___ ___ ___ ___ ___ ___ ___ ___ ___

P16. **Extremities**

_____ No edema.

_____ Full range of motion of large joints without effusions.

_____ Abnormal (describe):____

____

Code: ___ ___ ___. ___ ___ ___ ___ ___ ___

P17. **Neurological**

____ Normal gait and coordination.

____ Normal cranial nerve function.

____ Normal proximal and distal strength.

____ Normal touch sensation.

____ Normal mental status.

Reflexes:

	Right	Left
Biceps	_____	_____
Triceps	_____	_____
Knee	_____	_____
Ankle	_____	_____

Clonus	4
Slightly Hyperreflexive	3
Normal	+2
Decreased	1
Absent	0

____ Abnormal (describe):____

____

____

Code: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

____
Date

____
Physician's Signature

PHYSICIAN'S SUMMARY WORKSHEET

A1. **Physician's Health Status Assessment**

Based on all the data you have on this person, please rate this person's function and well being in the areas listed below (circle one number for each area):

	Healthy No Problems Fully Functional					Not Healthy Many Problems Disabled
1. Physical Function	6	5	4	3	2	1
2. Role Function (e.g. job, parent, etc.)	6	5	4	3	2	1
3. Mental Health	6	5	4	3	2	1
4. Energy/Pep	6	5	4	3	2	1
5. Bodily Pain	6	5	4	3	2	1
6. Overall Assessment	6	5	4	3	2	1

A2. **New Health Problems**

Please list any new health problems you have identified:

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________
6. ______________________________

A3. **Recommendations**: Please note briefly the recommendations you have for this person:

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________
6. ______________________________
7. ______________________________
8. ______________________________

______________________ Date

______________________ Physician's Signature

Physician's Order for Immunizations	
Please administer: ____	Td vaccine
____	Pneumonia vaccine
____	Physician's Initials

FLEX SIGM	Participants age 49 or greater are eligible to have a flexible sigmoido-scopy through the Program. If a participant is age 49 or greater, please collect the following information and discuss with them the option of having a flexible sigmoidoscopy.			
	Previous Colon Cancer*			
	Previous Colon Polyps*			
	Inflammatory Bowel Disease* (Ulcerative colitis, Crohn's)			
	Family History of Colon Cancer			
	Previous Flexible Sigmoidoscopy#			date:
	Previous Colonoscopy#			date:
	Flex Sigmoidoscopy-Recommended			
	Participant Interested in Flexible Sigmoidoscopy	If not interested, the reason is: __other __unpleasant __time involved		
	Colonoscopy Recommended			The Program does not offer colonoscopy; refer to own MD
	Comments:			

*If "YES" answered for any of these questions, colonoscopy rather than flexible sigmoidoscopy recommended.

#If recent flexible sigmoidoscopy or colonoscopy then testing can be deferred.