



## Well Adult Exam-Male

Name \_\_\_\_\_ Age \_\_\_\_\_

Tobacco Use : no \_\_\_ yes \_\_\_

Alcohol Use : no \_\_\_ yes \_\_\_

Regular Exercise : no \_\_\_ yes \_\_\_

Family/Personal history of colon cancer : no \_\_\_ yes \_\_\_

Family/Personal history of prostate cancer : no \_\_\_ yes \_\_\_

Have you had a colonoscopy : no \_\_\_ yes \_\_\_ Year \_\_\_\_\_

Have you had cholesterol screening : no \_\_\_ yes \_\_\_ Year \_\_\_\_\_

Have you had diabetes screening : no \_\_\_ yes \_\_\_ Year \_\_\_\_\_

Tetanus vaccine : Year \_\_\_\_\_

Pneumonia vaccine (if over 65) : no \_\_\_ yes \_\_\_ Year \_\_\_\_\_

Shingles vaccine (if over 60) : no \_\_\_ yes \_\_\_ Year \_\_\_\_\_

Do you take a multivitamin daily : no \_\_\_ yes \_\_\_

Do you take an aspirin daily : no \_\_\_ yes \_\_\_

Please list other concerns for today's visit: