



Well Adult Exam-Male

Name _____ Today's Date _____

Age _____ DOB _____

Regular Exercise : No ___ Yes ___

Family/Personal history of prostate cancer : No ___ Yes ___

Family history of ovarian, endometrial, or breast cancer : No ___ Yes ___

Family/Personal history of colon cancer, pancreatic, or other gastric cancer : No ___ Yes ___

Have you had a screening colonoscopy (if over age 45) : No ___ Yes ___ Year _____

Have you had cholesterol screening : No ___ Yes ___ Year _____

Have you had diabetes screening : No ___ Yes ___ Year _____

Year of last Tetanus vaccine : _____ Annual Flu vaccine : No ___ Yes ___

Gardasil vaccine series completed : No ___ Yes ___

Pneumonia vaccine (age 65+) : No ___ Yes ___

COVID-19 vaccine : No ___ Yes ___

Shingles vaccine (ag 50+) : No ___ Yes ___

Do you take a multivitamin daily : No ___ Yes ___

Do you take an aspirin daily : No ___ Yes ___

Do you have family history of aortic aneurysm? No ___ Yes ___

Have you ever smoked or used chewing tobacco : No ___ Yes ___

If **yes**, how many years have you/did you smoke? _____

If you quit, at what age did you quit? _____

If you are over 50 and have a 20 pack year history of smoking, when was your last CT lung cancer screening? Year _____

Alcohol Use : No ___ Yes ___ Do you have more than 8 drinks per week? _____

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Over the past 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things?

- Not at all
- Several days
- More than half the days
- Nearly every day

2. Feeling down, depressed, or hopeless?

- Not at all
- Several days
- More than half the days
- Nearly every day