



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 50+): No ___ Yes ___

COVID-19 vaccine: No ___ Yes ___

Shingles vaccine (age 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

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