



# NORTHERN

Family Medicine

a department of Northern Regional Hospital

## Annual Female Physical

Today's Date: \_\_\_\_\_ Patient's name: \_\_\_\_\_  
DOB: \_\_\_\_\_ Date of last physical: \_\_\_\_\_

<u>Date test last done</u>	<u>Date next due</u>
_____ Colonoscopy	
_____ Pap Smear	
_____ Dexa scan (bone density)	
_____ Mammogram	
_____ Eye exam	
_____ Flu vaccine (Influenza, Trivalent Inactivated, TIV)–typically given once a year in the Fall or Winter. Given intramuscularly. The transnasal vaccine is not recommended for those 50 years of age or older.	
_____ Pneumonia vaccine (Pneumococcal Polysaccharide, PPSV)– recommended for those 65 years or older, if no history or unknown history of receiving it in the past. Second dose given at least five years after first. Recommended for those younger than 65 with certain health conditions.	
_____ Tetanus, Diptheria (td/tdap) vaccine–a routine booster is recommended every ten years after initial series is complete. May be recommended earlier than ten years in certain circumstances. Given intramuscularly.	
_____ Shingles (Zostavax) vaccine–Given once if previously unvaccinated. Given subcutaneously. May receive the vaccination with a history of shingles (VZV) or chicken pox infection.	
_____ Chicken pox vaccine (Varicella, Var)–recommended if no evidence of immunity (previous chicken pox or shingles infection). Given in two subcutaneous doses spaced at least four weeks apart.	
_____ Hepatitis B (Hep B)–recommended for anyone who wishes to be protected from the Hepatitis B virus. Recommended for high risk groups, including those with chronic liver or kidney disease. Given intramuscularly, in a series of three injections spread over at least sixteen weeks.	

Provider/Nurse Signature: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_



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