

Wellness Check Report

Medical Institution Details

Name: _____

Address: _____

Phone Number: _____

Website: _____

Patient Information

Full Name: _____

Date of Birth: ____/____/____

Gender: _____

Patient ID: _____

Contact Number: _____

Email Address: _____

Physician/Healthcare Provider

Name: _____

Specialty: _____

Contact Number: _____

Wellness Check Date

Date: ____/____/____

Time: _____

Vital Signs

Blood Pressure: _____

Heart Rate: _____

Respiratory Rate: _____

Temperature: _____

Oxygen Saturation: _____

Health History Review

Medical History: _____

Surgical History: _____

Medications: _____

Allergies: _____

Family History: _____

Social History (tobacco/alcohol use, exercise, diet): _____

Physical Examination

General Appearance: _____

Head and Neck: _____

Cardiovascular: _____

Respiratory: _____

Abdominal: _____

Musculoskeletal: _____

Neurological: _____

Dermatological: _____

Screening Tests

BMI Calculation: _____

Vision Test: _____

Hearing Test: _____

Blood Glucose: _____

Cholesterol Profile: _____

Other Relevant Screenings: _____

Immunizations and Preventive Measures

Influenza Vaccine:

☐ Yes

☐ No

☐ Up-to-date

Tetanus Booster:

☐ Yes

☐ No

☐ Up-to-date

Other Vaccinations: _____

Lifestyle Assessment

Nutrition/Diet: _____

Physical Activity: _____

Stress Management: _____

Sleep Quality: _____

Patient Education

Diet and Nutrition: _____

Exercise Recommendations: _____

Smoking Cessation: _____

Alcohol Consumption: _____

Stress Reduction Techniques: _____

Plan/Recommendations

Follow-Up Appointments: _____

Referrals to Specialists: _____

Additional Tests or Screenings: _____

Lifestyle Modifications: _____

Medication Adjustments: _____

Provider's Signature: _____ Date: ____/____/____

Patient Acknowledgment

I have discussed the findings with the provider and understand the recommendations provided.

Patient's Signature: _____

Date: ____/____/____

Disclaimer: This wellness check template is for informational purposes only and should be adapted to reflect the protocols of the medical institution and the individual needs of the patient. Always consult with a qualified healthcare provider for personalized health assessments and recommendations.