# Annual Health Check Up

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Personal information

Name

Age

Date of birth

Contact number

Address

Emergency contact

Contact number

Medical history

Current medications

Allergies

Alcohol consumption

- ◯ Non-drinker
- ◯ Moderate drinker
- ◯ Heavy drinker

Smoking status

- ◯ Non-smoker
- ◯ Former smoker
- ◯ Current smoker

Physical activity

Vital signs

Systolic blood pressure: _____ mmHg

Diastolic blood pressure: _____ mmHg

Heart rate: _____ beats per minute

Respiratory rate: _____ breaths per minute

Temperature: _____ degrees Celsius/Fahrenheit

Physical examination

Height: _____ cm/inches

Weight: _____ kg/pounds

Body Mass Index: _____

Waist circumference:: _____ inches/cm

Others: _____

Laboratory tests

Other findings

Recommendations

Additional notes