Routine Medical Checkup Checklist

Patient Name:

_____

Date of Birth:

_____

Date of Checkup:

_____

Checklist

Item	Checked	Notes
Vital Signs (Blood Pressure, Heart Rate, Temperature)	☐	
Height and Weight	☐	
Medical History Review	☐	
Allergies Review	☐	
Medication Review	☐	
Physical Examination (General Appearance, Skin, Head, Eyes, Ears, Throat, Heart, Lungs, Abdomen)	☐	
Laboratory Tests (if required)	☐	
Immunization Review / Updates	☐	
Screenings (e.g., Cholesterol, Diabetes, Cancer, etc.)	☐	
Mental Health Assessment	☐	

Additional Notes / Recommendations

Practitioner Signature

_____

Date

_____