

**DRS. LAHIRI & MESIBOV, LLC
MEN'S HEALTH EXAM**

NAME: _____ MR# _____ DOB: _____ DATE: _____

MEDICATIONS: _____ ALLERGIES: _____

EXAM: Age: _____ Wgt: _____ # BP: ___ / ___ L R P: ___ Reg Irreg
 Check (/) if exam normal _____ / _____ L R Urine: clear other: _____

HEENT			Abdomen		tender mass LUQ RUQ LLQ RLQ
TMs Mouth			Skin		susp. Nevus(i) SK AK bruises vesicles rash basal/squam CA ulcer
Pharynx Neck			Upper Ext Lower Ext		
Thyroid		enlarged / nodules R L	Mental Status		
Lungs		CTA	Neuro		
Heart		rhythm: reg irreg S3 S4 murmur	Penis		circ. uncirc. lesions
Spine			Testes		undescended R L mass varicocele tender
Lymphs		enlrgd tender ant-post cervical supraclav. axillary inguinal	Rectal		mass hemorrhoids guaiac + -
Breasts			Prostate		enlarged irreg nodule(s) R L

Dx: _____ PLAN: _____ CAD Risk: ___ Smoking
 1. _____ 1. _____ ___ Diabetes
 2. _____ 2. _____ ___ Lipids
 3. _____ 3. _____ ___ MI
 4. _____ 4. _____ ___ Known Vessel Dz
 ___ Htn
 ___ Menopause/no HRT
 ___ Obesity
 ___ Fam hx
 ___ Sedentary
 ___ Other

VACCINES: ___ Tetanus
 ___ Influenza
 ___ Pneumovax
 ___ HBV

Stress EKG _____ PSA _____
 CXR _____ Hemocult _____
 EKG _____ Flex Sig _____