Optimum
Internal Medicine & Pediatrics

MEDICAL Binder

Patient Name:_____
Date of Birth:_____

My Primary Care Doctor: Dr. Christopher Shea Burress
My PCP Address: Optimum Internal Medicine and Pediatrics
10044 Hwy 46
Bon Aqua TN 37025
Phone: 931-996-4247
Fax: 888-814-0893
After Hours #: 615-461-0728
EHR: E-Clinical Works Patient Portal: Healow

Optimum
Internal Medicine & Pediatrics

VITAL INFO

Name: _____

Date of birth: _____

SSN: _____

Weight: _____

Height: _____

Blood type: _____

Diagnosis(es).:_____

Allergies: _____

Primary Dr.: _____

Dr. Phone#: _____

Dr. Address: _____

Dr. Emergency After Hrs#: _____

Optimum
Internal Medicine & Pediatrics

Emergency Contact 1:_____

Emergency Contact 1 Ph#:_____

Emergency Contact 2:_____

Emergency Contact 2 Ph#:_____

Dentist Name: _____

Dentist Phone #: _____

Dentist Address: _____

Special NOTES:

BRING ALL MEDS TO EACH VISIT!

_____

_____

_____

Optimum
Internal Medicine & Pediatrics

Insurance Name: _____

Insurance Policy #: _____

Insurance Phone#: _____

Secondary Insurance Name: _____

Secondary Insurance ID #:_____

Secondary Insurance Ph#:_____

PCP WEBSITE: **www.optimumimpeds.com**

PLEASE GO TO OUR WEBSITE TO SIGN UP FOR PATIENT PORTAL AND ALSO DOWNLOAD HEALOW APP ON YOUR SMARTPHONE TO ACCESS YOUR LABS AND RECORDS AT ANY TIME

ALWAYS BRING COPY OF PHOTO ID AND COPIES OF INSURANCE INFORMATION!

Optimum
Internal Medicine & Pediatrics

MEDICAL RECORD

Name: _____

MEDICATIONS

NAME OF MEDICINE	DOSE	FREQUENCY	DATE STARTED	DATE ENDED	NOTES

Optimum
Internal Medicine & Pediatrics

SURGERIES

	DATE	DOCTOR	LOCATION	NOTES

ILLNESS/DIAGNOSIS

ILLNESS/DIAGNOSIS	DATE DIAGNOSED	DOCTOR	NOTES

Optimum
Internal Medicine & Pediatrics

FAMILY HISTORY

MOTHER'S SIDE

	NAME	BIRTHDATE	ILLNESS/CONDITION	AGE/CAUSE OF DEATH
MOTHER				
MATERNAL GRANDMA				
MATERNAL GRANDPA				
SIBLING				
SIBLING				

FATHER'S SIDE

	NAME	BIRTHDATE	ILLNESS/CONDITION	AGE/CAUSE OF DEATH
FATHER				
PATERNAL GRANDMA				
PATERNAL GRANDPA				
SIBLING				
SIBLING				



MY FAMILY

	NAME	BIRTHDATE	ILLNESS/CONDITION	AGE/CAUSE OF DEATH
ME				
SIBLING				
SIBLING				
SIBLING				
SIBLING				

Optimum
Internal Medicine & Pediatrics

STEP BY STEP

IN CASE OF AN EMERGENCY:

STEP 1: _____

_____

STEP 2: _____

_____

STEP 3: _____

_____

STEP **4:** _____

_____

Optimum
Internal Medicine & Pediatrics

INCIDENTS

DATE	SEEN BY	INCIDENT	NOTES

Optimum
Internal Medicine & Pediatrics

DOCTOR VISITS

DATE	SEEN BY	REASON FOR VISIT	NOTES

Revised 11/1/2026

Optimum
Internal Medicine & Pediatrics

SPECIALISTS

SPECIALIST NAME	PHONE#	TYPE OF SPECIALIST	REASON

SPECIALIST APPOINTMENTS

DATE	SPECIALIST	REASON FOR VISIT	NOTES	FOLLOW UP?

Optimum
Internal Medicine & Pediatrics

HOSPITAL VISITS

DATE	SEEN BY	REASON FOR HOSPITAL VISIT	NOTES

Optimum
Internal Medicine & Pediatrics

WELL CHECK UPS

Name: _____

AGE	DATE	HEIGHT	WEIGHT	NOTES

Optimum
Internal Medicine & Pediatrics

WELL CHECK UPS

Name: _____

VACCINATIONS

DATE	NAME	DATE	NAME

Optimum
Internal Medicine & Pediatrics

PRESCRIPTIONS

DATE	SEEN BY	PRESCRIPTION	NOTES

Revised 11/1/2026

Optimum
Internal Medicine & Pediatrics

PHONE CALLS

DATE	PHONE #	REASON FOR CALL	NOTES

Optimum
Internal Medicine & Pediatrics

New Physician Instructions:

DATE:	PHYSICIAN:	INSTRUCTIONS:

Optimum
Internal Medicine & Pediatrics

Optimum
Internal Medicine & Pediatrics

BLOOD PRESSURE TRACKER

DATE:	BP:

Optimum
Internal Medicine & Pediatrics

PERIOD TRACKER:

DATE:	NOTES:

Optimum
Internal Medicine & Pediatrics

SLEEP TRACKER

DATE:	SLEEP # HOURS:

Optimum
Internal Medicine & Pediatrics

VISION TRACKER

DATE:	EYE DR:	LAST EYE EXAM/ ANY ISSUES

Optimum
Internal Medicine & Pediatrics

DENTAL TRACKER

DATE:	LAST EXAM / ANY ISSUES:

Optimum
Internal Medicine & Pediatrics

BLOOD GLUCOSE TRACKER

DATE/LEVEL:	DATE/LEVEL:	DATE/LEVEL:	DATE/LEVEL:	DATE/LEVEL:

Optimum
Internal Medicine & Pediatrics

EXERCISE TRACKER

DATE/TIME:	DATE/TIME:	DATE/TIME:	DATE/TIME:	DATE/TIME:

Optimum
Internal Medicine & Pediatrics

WEIGHT TRACKER

DATE/WT:	DATE/WT:	DATE/WT:	DATE/WT:	DATE/WT:

Cancer screening plan

For adults without symptoms. Review age, organs present, prior results, family history and personal risk with your clinician. High-risk conditions may need a different plan. New symptoms need evaluation rather than waiting for a screening date.

Name: _____ Date of birth: _____

Breast cancer Mammogram

For average-risk people assigned female at birth: every 2 years from ages 40 through 74. At 75 or older, discuss individual benefits and harms; evidence is insufficient for routine screening. Prior breast cancer, a high-risk gene or chest radiation may require a different plan.

Date / result / clinician: _____ Next due: _____

Cervical cancer Pap and HPV testing

If you have a cervix and are at average risk: ages 21-29, Pap test every 3 years. Ages 30-65, choose Pap every 3 years, high-risk HPV testing every 5 years, or both every 5 years. Do not screen before 21. After 65, stop only if adequate prior negative screening and no high-risk history are confirmed. No screening after removal of the cervix if there is no history of high-grade precancer or cervical cancer. Immune suppression, prior high-grade changes or cancer, or DES exposure require an individualized plan.

Date / result / clinician: _____ Next due: _____

Colorectal cancer Choose one screening strategy

Average risk: screen ages 45-75; ages 76-85, decide based on health, prior tests and preferences; stop after 85. Options include annual FIT or high-sensitivity stool blood testing, stool DNA-FIT every 1-3 years, or colonoscopy every 10 years. Other options include CT colonography every 5 years or selected sigmoidoscopy strategies. An abnormal non-colonoscopy test needs colonoscopy. Prior polyps, inflammatory bowel disease, hereditary risk or relevant family history may change the plan.

Date / result / clinician: _____ Next due: _____

Sources (linked): USPSTF Breast cancer 2024 | USPSTF Cervical cancer 2018 final | USPSTF Colorectal cancer 2021

Optimum
Internal Medicine & Pediatrics

Lung bone and vascular screening

These tests are not needed by every adult. Record whether a test is appropriate, not just whether it has been done. Screening decisions should reflect health, risk, preferences and ability to benefit from treatment.

Name: _____ Date of birth: _____

Lung cancer Low-dose CT not a chest X-ray

USPSTF: yearly low-dose CT at ages 50-80 with at least 20 pack-years of smoking, if you currently smoke or quit within 15 years. One pack-year means one pack per day for one year. Stop when 15 years have passed since quitting, or if health limits life expectancy or the ability or willingness to have curative lung surgery. Discuss benefits and harms before testing; insurance eligibility can differ.

Date / result / clinician: _____ Next due: _____

Prostate cancer Discuss PSA testing first

For people with a prostate ages 55-69, PSA screening is an individual decision after discussing possible benefit, false alarms, overdiagnosis and treatment harms. Do not routinely screen at age 70 or older. Family history and Black ancestry affect risk. Digital rectal examination is not recommended as a prostate cancer screening method.

Date / result / clinician: _____ Next due: _____

Osteoporosis Bone density testing with DXA

Screen women age 65 or older. For postmenopausal women younger than 65, assess risk and screen if a clinical assessment shows increased fracture risk. Evidence is insufficient to recommend routine screening in men; discuss individual risk. Prior fragility fracture, certain illnesses or bone-harming medicines need a separate assessment. Repeat timing depends on results and risk.

Date / result / clinician: _____ Next due: _____

Abdominal aortic aneurysm One-time ultrasound

Recommended for men ages 65-75 who ever smoked (at least 100 cigarettes in a lifetime). Selectively offer to men 65-75 who never smoked. Do not routinely screen women who never smoked and have no family history. For women 65-75 who ever smoked or have a family history, evidence is insufficient; discuss individual circumstances.

Date / result / clinician: _____ Next due: _____

Sources (linked): USPSTF Lung cancer 2021 | USPSTF Prostate cancer 2018 final | USPSTF Osteoporosis 2025 | USPSTF AAA 2019

Preventive visits and screening

This is a planning record, not a standing order for every test each year. Your clinician chooses timing and follow-up. A Medicare Annual Wellness Visit creates or updates a prevention plan; it is not a full physical exam.

Name: _____ Date of birth: _____

Wellness cognition function and fall risk

At Medicare wellness visits, review health risks, medicines, daily function, safety and falls, and check for signs of cognitive impairment. A specific Mini-Cog test is not mandatory for every person. New memory or functional changes need assessment when they occur.

Date / result / clinician: _____ Next due: _____

Depression tobacco and alcohol use

Screen adults for depression with appropriate evaluation and follow-up for a positive result. Review tobacco use and offer help quitting; screen for unhealthy alcohol use and offer counseling when appropriate. The clinician sets repeat timing and any additional assessment.

Date / result / clinician: _____ Next due: _____

Blood pressure cholesterol and cardiovascular risk

Screen blood pressure in adults; yearly at age 40 or older or with increased risk, and every 3-5 years for low-risk adults 18-39 with a prior normal result. Confirm a new hypertension diagnosis with home or ambulatory readings before treatment, as directed by your clinician. Review cholesterol and overall heart and stroke risk to decide testing intervals and preventive treatment.

Date / result / clinician: _____ Next due: _____

Prediabetes and type 2 diabetes Before diagnosis

USPSTF: screen nonpregnant adults ages 35-70 who have overweight or obesity. Consider earlier testing or lower weight thresholds for increased-risk groups. If normal, repeating about every 3 years may be reasonable; sooner when risk changes. Once diabetes is diagnosed, use the separate diabetes monitoring page.

Date / result / clinician: _____ Next due: _____

Hepatitis C and HIV

Hepatitis C: one-time screening at ages 18-79; repeat with ongoing risk and consider other ages when high risk. HIV: screen ages 15-65, other ages with increased risk, and all pregnant people; repeat when risk continues. Pregnancy and new exposures may need additional or earlier testing.

Date / result / clinician: _____ Next due: _____

Sources (linked): CMS Annual Wellness Visit | USPSTF Depression 2023 | USPSTF Unhealthy alcohol use 2018 final | USPSTF Hypertension 2021 | USPSTF Statin prevention 2022 | USPSTF Prediabetes and type 2 diabetes 2021 | USPSTF Hepatitis C 2020 | USPSTF HIV 2019 final

Optimum
Internal Medicine & Pediatrics

Adult vaccination review

Bring your vaccine record. Your clinician or pharmacist should check the current CDC schedule, prior doses, allergies, pregnancy, immune status and medical risks before choosing a product and interval. Record vaccine name and dates; this is not a prescription.

Name: _____ Date of birth: _____

Pneumococcal vaccine

Routine vaccination begins at age 50; adults ages 19-49 with certain risk conditions also qualify. Product and number of doses depend on previous pneumococcal vaccines. Do not automatically repeat a completed series.

Product / dates: _____ Next dose due: _____

Hepatitis B vaccine

Complete a series at ages 19-59. At age 60 or older, vaccination is recommended with risk factors and may also be given without known risks or when protection is desired. Product and medical circumstances determine the schedule.

Product / dates: _____ Next dose due: _____

Influenza vaccine

Get an age-appropriate flu vaccine each year. For adults 65 or older, high-dose, adjuvanted or recombinant vaccine is preferred when available; do not delay vaccination if these options are unavailable.

Product / dates: _____ Next dose due: _____

COVID vaccine

The current CDC 2026-27 recommendation includes all adults age 18 or older. Ask your clinician which product and timing fit your age, immune status and past doses or infection; recommendations and product authorization can differ and change.

Product / dates: _____ Next dose due: _____

Other routine and risk-based vaccines

Review Tdap or Td, shingles, RSV, HPV, hepatitis A, MMR, varicella and other vaccines as appropriate. Eligibility and number of doses depend on age, pregnancy, health conditions, immunity, exposure or travel. Use the full CDC schedule rather than assuming every adult needs each vaccine.

Product / dates: _____ Next dose due: _____

Sources (linked): CDC Pneumococcal vaccines | CDC Hepatitis B vaccines | CDC Influenza ACIP guidance | CDC COVID vaccine guidance | CDC Adult immunization schedule

Diabetes monitoring record

For people already diagnosed with diabetes. These are condition-specific monitoring and complication checks, not general-population screening. Targets and intervals are individualized. Record results, the clinician and the next planned review.

Name: _____ Date of birth: _____

A1C and glucose management

A1C is usually checked at least twice yearly when glucose is stable and at goal, and about every 3 months when treatment changes or goals are not met. Your clinician may use other glucose measures when A1C is unreliable.

Date / result / clinician: _____ Next due: _____

Retinal eye examination

Type 2 diabetes: start at diagnosis. Type 1 diabetes: initial exam 5 years after onset. Usually repeat annually; every 1-2 years may be considered after normal exams when glucose is at goal. Retinopathy may require more frequent specialist review.

Date / result / clinician: _____ Next due: _____

Foot examination

Have a comprehensive foot evaluation at least annually. If sensation is reduced or there is a prior ulcer or amputation, have feet inspected at every visit. Report a new wound, redness, swelling or other foot change promptly.

Date / result / clinician: _____ Next due: _____

Kidney monitoring Urine albumin and eGFR

Check urine albumin-to-creatinine ratio and estimated kidney filtration (eGFR) at least annually in type 2 diabetes and starting 5 years after type 1 diabetes diagnosis. Established kidney disease may need checks 1-4 times yearly or more, depending on severity.

Date / result / clinician: _____ Next due: _____

Medication prevention review Statin and ACE inhibitor or ARB

Review whether a statin and kidney or heart-protective medicines are indicated. An ACE inhibitor or ARB is not automatically needed for every person with diabetes and is not recommended solely to prevent kidney disease when blood pressure, urine albumin and kidney function are normal. Do not start or stop medicines from this checklist.

Date / result / clinician: _____ Next due: _____

Sources (linked): ADA Standards of Care 2026 Section 6 | ADA Standards of Care 2026 Section 12 | ADA Standards of Care 2026 Section 11 | ADA Standards of Care 2026 Section 10

Heart and lung care review

Keep diagnosed-condition care separate from screening. These entries help record an agreed plan; they do not mean every person needs the same tests or medicines. New symptoms may need diagnostic testing even when routine screening is not recommended.

Name: _____ Date of birth: _____

ECG chest X-ray and coronary calcium

Do not use a routine ECG to screen adults without symptoms who are at low cardiovascular risk. Evidence is insufficient for routine ECG screening at higher risk or for adding coronary calcium testing to everyone's risk assessment. Calcium testing may help selected treatment decisions. A chest X-ray is not a lung-cancer screening test. Use tests only for an appropriate clinical indication.

Date / result / clinician: _____ Next due: _____

COPD Spirometry and pulmonary function testing

Do not routinely screen adults who have no respiratory symptoms for COPD. Chronic cough, sputum, wheezing or shortness of breath need assessment; spirometry can be used to evaluate suspected disease and guide diagnosed-condition care. Known COPD and special high-risk exposures require an individual plan.

Date / result / clinician: _____ Next due: _____

Known heart disease Medication review

Record whether a beta blocker, ACE inhibitor or ARB, and antiplatelet medicine (such as aspirin or clopidogrel) are indicated for your specific diagnosis. These are treatment decisions, not population screening tests or medicines everyone should take. Review benefits, risks, contraindications and the prescribing clinician's plan. Do not start or stop them based on this record.

Date / result / clinician: _____ Next due: _____

My agreed care plan and follow-up

Sources (linked): USPSTF ECG screening 2018 | USPSTF Nontraditional CVD risk tests 2018 | USPSTF Lung cancer 2021 | USPSTF COPD 2022 | ADA Standards of Care 2026 Section 10

Optimum
Internal Medicine & Pediatrics

Appointment Notes:

Physician:_____

Issues Addressed:

_____

_____

NEW INSTRUCTIONS:

_____

_____

_____

FOR ANY F/U IMAGES/LABS/REFERRALS:

PLEASE CALL OFFICE IN 3 BUSINESS DAYS FROM APPT TO VERIFY APPT DATES/ADDRESS/TIME FOR FOLLOW UPS IF WE HAVE NOT REACHED OUT TO YOU!

Optimum
Internal Medicine & Pediatrics

MY MEDICAL TO DO LIST:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____