ADULT PREVENTIVE CARE FLOW SHEET

Name:
DOB:
Adv. Directives discussed: __ Yes __ No

		Year						
		Age						
		Date						
Drugs/Alcohol (D)	Physical Activity (A)	Types						
Estrogen (E)	Sexual Behavior (S)	Date						
Folic Acid (F)	Tobacco (T)	Types						
HIV/AIDS (H)	UV Exposure (U)	Date						
Injuries (I)	Violence/Guns (V)	Types						
Nutrition (N)	Preconception (P)	Date						
Mental Health (MH)	Glaucoma Ref. (GR)	Types						
Medications (M)	Dental Health (DH)	Date						
		Types						
	Minimum Frequency							
Height Weight	Periodically	Date						
		Results						
Blood Pressure	At least q. 2 yrs	Date						
		Results						
TB Risk Assessment	Upon initial H&P	Date						
		Results						
Total Cholesterol /	At least q. 5 yrs	Date						
HDL if needed	(Men 35> Women 45>)	Results						
Fecal Occult Blood	Annually	Date						
Test	age 50 and older	Results						
Flexible	Age 50 and Q 5-10 yr	Date						
Sigmoidoscopy	thereafter if normal	Results						
For Women:								
Clinical Breast Exam	Yearly after age 40	Date						
		Results						
Mammography	Every 1-2 years	Date						
	age 50-75	Results						
Pap Smear	At least q. 3 years	Date						
		Results						
Chlamydia	From sexual activity	Date						
	up to age 25 yrs.	Results						
For Men:								
Testicular Exam	Periodically	Date						
		Results						
Prostate Screening	Every 1-2 years	Date						
	after age 40	Results						
*Suggested Result Codes: O=ordered N=Normal A=Abnormal R=Refused E=Done Elsewhere *=Next Due D=done*								
Adult Immunizations:								
Tetanus - Diptheria	Every 10 years	Date						
		Results						
Influenza	Annual Age 50 and	Date						
	older	Results						
Pneumococcal	Age 65	Date						
	at risk	Results						
MMR	Females once during	Date						
	childbearing age	Results						
Varicella	Assess for once	Date						
		Results						

Health Counseling

Ex