Adult Preventive Care Flow Sheet

Patient's Name: _____ Allergies/Adverse Reactions: _____

Patient #: _____ Patient's Date of Birth: _____

Date:									
SCREENING									
Height	Every 1 - 3 years								
Weight									
Hearing/Vision									
Tobacco Use: Y/N									
Type:									
Quantity:									
ETOH Use: Y/N									
Secondhand Smoke: Y/N									
Depression									
Pain									
LABORATORY/DIAGNOSTICS									
Lipids Result:	Age ≥ 20 q 5 yrs								
Diabetes Screening	Every 3 yrs > 40								
Pap Smear/Pelvic	Every 1-3 yrs								
Mammogram	≥ 40 Annually								
Colorectal Screening *(one of following)*	> 50								
Fecal Occult Blood	Annually								
Flex Sigmoidoscopy	Every 5 yrs								
Colonoscopy	Every 10 yrs								
Double Contrast BE	Every 5-10 yrs								
COUNSELING									
Nutrition/Exercise	Every Well Visit/PRN								
Tobacco Prev/Use									
Secondhand Smoke									
ETOH									
Drug Abuse/Screening									
Review of Meds/Contraindications									
Sexual Activity/HIV/AIDS/ STD/Prevention									
Sun Safety									
Dental Health									
Safety Belts/Elder Driving Safety									
Fall Risk									
Injuries/Domestic Violence									
Urinary Incontinence/Frequency									
Breast/Testicular Self-Exam									
Living Will/Advanced Directives	Annually								
IMMUNIZATIONS									
Tetanus	Every 10 yrs/ Date:								
Pneumococcal Vaccine at Risk/> 65	Date:								
Influenza at Risk/> 50	Annually								
Hepatitis B	Date 1:								
	Date 2:								
	Date 3:								

Quality Insights

Quality Insights of Pennsylvania

The Medicare Quality Improvement Organization for Pennsylvania

This material was prepared by Quality Insights of Pennsylvania under contract with the Centers for Medicare & Medicaid Services (CMS). The views presented do not necessarily reflect those of CMS. Publication number 7SOW-PA-PHYS03.10