

# Adult Preventive Care Flow Sheet

Patient Name: \_\_\_\_\_ Patient #: \_\_\_\_\_

Allergies/Adverse Reactions: \_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_

Date:									
Height	<i>Annually</i>								
Weight									
BMI Value									
Hearing/Vision									
Tobacco Use: Y/N Instructed to Quit:Y/N									
ETOH Use: Y / N									
Drug Use: Y / N									
Fall Risk/Functional Assessment/ADL's									
Pain Screening									
Urinary Incontinence/Frequency									
Depression									
DEXA scan/Meds FEMALES OVER 65									

**Laboratory/Diagnostics:**

<b>Diabetes Screening :</b> HbA1c Dilated Retinal Eye Exam Monitor DM Nephropathy	<i>Annually</i>								
LIPIDS- Result:									
Pap Smear/Pelvic	<i>Every 3-5 yrs</i>								
Mammogram <i>High Risk 40-49 yrs</i>	<i>50-74 every 1-2 yrs</i>								
<b>Colorectal Screening:</b> (one of the following):	<i>45-75 yrs</i>								
FOB/FIT	<i>Annually</i>								
Flex sigmoidoscopy	<i>Every 5 yrs</i>								
Colonoscopy	<i>Every 10 yrs</i>								

**Counseling:**

Nutrition/Exercise	<i>Annually (at minimum)</i>								
Medication Reconciliation									
Living Will/Advanced Directives/POA									

**Immunizations:**

Influenza	<i>Annually</i>								
Tetanus and Diptheria (Td/Tdap)	<i>Every 10 yrs</i>								
Pnuemo	<i>At risk/ &gt;65yrs</i>								
Hepatitis B	<i>At risk/ &gt;60yrs</i>								
Herpes Zoster/Shingles	<i>At risk/ &gt;50yrs</i>								