

PREVENTIVE HEALTH RECORD AGES 0 – 6 YEARS

Name: _____ Birthdate: _____ Record/ID # _____

++ “I have been provided, and have read, or have had explained to me, information about the diseases and the vaccines listed below. I believe I understand the benefits and risks of the vaccines cited, and ask that the vaccine(s) listed below be given to me or to the person named above (for whom I am authorized to make this request).”

Vaccine	Recommended Schedule**	Date	Age	Dose	Route	Site	Manufacturer	Lot #	Giver's Initials	Signature of Parent / Guardian ++
DTaP DTP DT 1	2 mo.									
DTaP DTP DT 2	4 mo.									
DTaP DTP DT 3	6 mo.									
DTaP DTP DT 4	15-18 mo.									
DTaP DTP DT 5	4 – 6 yr.									
Hib 1	2 mo.									
Hib 2	4 mo.									
Hib 3	6 mo.									
Hib 4	12–15 mo.*depending on brand administered									
Rotavirus 1	2 mo.									
Rotavirus 2	4 mo.									
Rotavirus 3	6 mo.									
IPV 1	2 mo.									
IPV 2	4 mo.									
IPV 3	6 – 18 mo.									
IPV 4	4 – 6 yr.									
MMR 1	12–15 mo.									
MMR 2	4 – 6 yr.									
Hepatitis A Two doses six months apart	12-23 mo.									
Hep B 1	0 – 2mo.									
Hep B 2	1 – 4 mo.									
Hep B 3	6 – 18 mo.									
Varicella 1	12 – 18 mo.									
Varicella 2	4 – 6 yr.									
PCV 1	2 mo.									
PCV 2	4 mo.									
PCV 3	6 mo.									
PCV 4	12-15 mo.* administer as appropriate for age initiated									
Influenza	Annually for 6 mo. And older									

Date of chickenpox infection (Month/Year)	
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PREVENTIVE HEALTH RECORD AGES 7 – 18 YEARS

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 Record/ID # _____

++ “I have been provided, and have read, or have had explained to me, information about the diseases and the vaccines listed below. I believe I understand the benefits and risks of the vaccines cited, and ask that the vaccine(s) listed below be given to me or to the person named above (for whom I am authorized to make this request).”

Vaccine	Recommended Schedule**	Date	Age	Dose	Route	Site	Manufacturer	Lot #	Giver's Initials	Signature of Parent / Guardian ++
Tdap	11 – 18 years old if 2 or more years have passed since last dose of DTP, DTap or Td									
MMR 2	One dose for adolescents not vaccinated previously with 2 doses of measles vaccine (at 12 months of age or older)									
Hepatitis B (Adolescents not vaccinated previously for Hepatitis B)	3 doses (2 nd dose at least 4 weeks after first, 3 rd dose at least 16 weeks after first dose)									
Varicella 1	If not given previously and no history of infection.									
Varicella 2	13 yr. or older if not given previously and no history of infection, will need 2 doses at least 4 weeks apart.									
Meningococcal Vaccine	Age 11 – 12 or (one per lifetime, if conjugate) - entering high school or - college bound planning on living in a dorm									
HPV	3 doses (2 nd dose 2 mo. after dose 1 3 rd dose 6 mo. after dose 1)									
Hepatitis A	2 doses 6 mo. apart									

Date of chickenpox infection (Month/Year)	
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PREVENTIVE HEALTH RECORD AGES 19 – 64 YEARS

Name: _____ Birthdate: _____ Record/ID # _____

Immunization	Recommended Schedule**	Date	Date	Date	Date	Date
(Td/Tdap) Tetanus, Diptheria	Every 10 yr.					
MMR	1 dose if measles, mumps or rubella vaccination history is unreliable; 2 doses for persons with occupational or other indications					
Pneumococcal	High-risk pts. - 1 -2 doses					
Influenza	Annual vaccination					
Varicella	2 doses for persons who are susceptible					
Hepatitis B	High-risk pts. - 3 vaccinations					
Hepatitis A	High-risk pts. - 2 vaccinations					
Meningococcal	High-risk pts. - 1 vaccination					
HPV	3 doses– 18 – 26 yrs. old					
Zoster	1 time – age 60 or older					

Exam, Test, or Anticipatory Guidance Counseling	Recommended Schedule**	Date	Date	Date	Date	Date
History & Physical	Initial H & P with periodic focused exam every 1-2 years until age 50, then yearly.					
Pelvic /Breast Exam	Annually for females					
Height, weight, and BMI	Annually					
Blood Pressure	Every visit, minimum once every 2 yr. Annually if diastolic > 85 or systolic > 130 mmHg					
Depression Screening	1. "Over the past two weeks, have you felt down, depressed, irritable or hopeless?" 2. "Over the past two weeks, have you felt little interest or pleasure in doing things?"					
Lipid panel	Routine screening every 5 years beginning at age 20 and more frequent testing of those at risk for cardiovascular disease.					
Mammogram	Every 1-2 years for women age 50 to 75, or as recommended by physician.					
Fasting Plasma Glucose	High risk 3yr intervals beginning at age 45 yrs or at a frequency clinically indicated.					
Pap Smear	Every 1 – 5 yr, based on history					
Chlamydia screening Discuss safe sex/STD/HIV for anticipatory guide	Annual screening for all sexually active women age 25 and younger, and all other asymptomatic women at increased risk.					
Colorectal Cancer Screening	- Colonoscopy every 10 yr or -- Annual FOBT (home 3-pack or fecal immunochemical test)or - Sigmoidoscopy every 5 yr or - Barium every 5 yr					
Bone Mineral Density Screening	Routine screening once very 2 yr if high risk for Osteoporosis or over 65 yr.					
Discussion of risks & benefits of prostate cancer screening	Periodic review					
Anticipatory Guidance/Psychosocial Screening Second hand smoke/smoking cessation/ sun exposure/domestic violence /safety issues- firearms-protective gear-seatbelt use	Periodic review					
Nutrition & Exercise. Adequate intake of calcium and vitamin D.	Periodic review					
Preconception daily consumption of Folic Acid 0.4 mg	Periodic review					
Consider daily aspirin use for high-risk patients	Periodic review					
Discussion & management of menopause-risks and benefits or hormone prophylaxis	Periodic review					

PREVENTIVE HEALTH RECORD AGES 65 YEARS & OLDER

Name: _____ **Birthdate:** _____ **Record/ID #** _____

Immunization	Recommended Schedule**	Date	Date	Date	Date	Date
Td	Every 10 yr.					
Pneumococcal	1 vaccination Consider revaccination after 5 yr. for high risk					
Influenza	Annual vaccination					
Varicella	2 vaccinations (at least 1 month apart) if susceptible					
Hepatitis B	High-risk pts. - 3 vaccinations					
Hepatitis A	High-risk pts. - 2 vaccinations					
Meningococcal	High-risk pts. - 1 vaccination					
Zoster	1 dose – age 60 yr. and older					
Exam, Test, Anticipatory Guidance Counseling	Recommended Schedule**	Date	Date	Date	Date	Date
History and Physical, including Height, weight and BMI monitoring	Annually Female: Annual pelvic/breast exam based on risk factors					
Blood Pressure	Every visit/minimum once every 1- 2 yr.					
Depression Screening	1. "Over the past two weeks, have you felt down, depressed, irritable or hopeless?" 2. "Over the past two weeks, have you felt little interest or pleasure in doing things?"					
Lipid panel	Every 5 years					
Fasting Plasma Glucose	High risk 3yr intervals or at a frequency clinically indicated.					
Mammogram	Perform every 1-2 yrs for 65 – 75 yr. >75 yr. if health permits, cancer therapy					
Pap Smear	If previous pap smears have been abnormal, repeat as indicated.					
Colorectal Cancer Screening	- Annual FOBT or - Colonoscopy every 10 yr or - Sigmoidoscopy every 5 yr or - Barium every 5 yr					
Bone Mineral Density Screening	Routine screening for all women 65 and older. No more often than once every 2 yr. Men 70 and older.					
Discussion of risks & benefits of prostate cancer screening	Periodic review					
Discuss and encourage use of Living Will/Durable Power of Attorney *copy prominent on chart	Annual review					
Encourage annual eye exam and glaucoma exam by ophthalmologist or optometrist every two years	Periodic review					
Nutrition Screening Adequate intake of calcium and vitamin D Dental health	Annual review					
Consider daily aspirin use for high-risk patients	Periodic review					
Discussion risks and benefits of hormone replacement therapy.	Periodic review					
Functional Assessment/ADLs Injury and Fall Prevention Exercise Assessment/Plan Pain Screening 1-10 Urinary Incontinence/Frequency	Annual review					
Evaluate for hearing and driving impairment	Periodic review					
Screen for: Excessive alcohol consumption, Illicit drug use, Inappropriate use of prescribed and OTC drugs. Polypharmacy. Tobacco cessation	Annual review					
Social support, screen for: lack of support, physical, emotional, financial abuse or neglect, high-risk sexual behavior. Self-perceived quality of mental and physical life	Annual review					