Preventive Health

Please answer every question

STAFF: Handwritten items must be entered **MANUALLY**.

	PLE	EASE PRINT P	ATIENT'S LAST	NAME				
Marking Instructions	100							
	PLF	PLEASE PRINT PATIENT'S FIRST NAME PATIENT'S DATE OF BIRTH						
Please use a # 2 pencil								
Fill in the complete oval as shown								
					Monti	n Day		/ear
THIS SECTION IS FOR MALES AND FEMALES If "yes" please list Have you ever had any of the listed colon cancer screenings? approximate date								
Have you ever had any of the listed colon		_					approxii	nate date
Colonoscopy		yes	O no	$\overline{}$	do not know		/	_/
Sigmoidoscopy		yes	no	$\overline{}$	do not know		/	_/
Barium enema		yes	no	$\overline{}$	do not know		/	_/
Stool hemocult (test for blood in stool) yes no do not know/ Have you been immunized against the following								
Human papillomaviruses (HPV) (Guardasil)	_	voc			do not know	.,	,	,
Influenza (Flu) within the past year		yes	O no	$\overline{}$	do not know		/	_/
Measles, Mumps & Rubella (MMR)		yes	O no	$\overline{}$	do not know			_/
Pneumonia		yes	no no	$\overline{}$	do not know			_/
Shingles (Zostavax)		yes yes	no	$\overline{}$	do not know		/	_/
Tetanus / Diphtheria (within last 10 years)		yes yes	no	$\stackrel{\smile}{-}$	do not know		/	_/
Chickenpox (Varicella)		yes yes	O no	$\stackrel{\smile}{-}$	do not know		/	
Have you had your cholesterol checked in			<u> </u>		uo not knot	·V	/	/
Trave you had your cholesteror thethed in		yes	O no		do not knov	۸/	/	,
		y C3	<u> </u>		de net knet			
		*** MALES	ONLY***				If "ves"	please list
Have you had the following?								mate date
Prostate cancer screening (age 40+)		yes	o no		N/A		/	/
Any problems with sexual activity?		yes	O no		N/A			
Do you perform monthly self-testicular ex		yes	O no		N/A			
	*:	**FEMALE	S ONLY***	:				please list
Have you had the following?	**	**FEMALE	S ONLY***	:				please list mate date
Test for chlamydia (age 24 and under)		** FEMALE yes	S ONLY***		N/A			
Test for chlamydia (age 24 and under) Pap smear within the past 2 years (age 18+)	0				N/A			
Test for chlamydia (age 24 and under) Pap smear within the past 2 years (age 18+) Have you had an abnormal pap smear?	0	yes	O no		N/A N/A			
Test for chlamydia (age 24 and under) Pap smear within the past 2 years (age 18+) Have you had an abnormal pap smear? Mammogram within the past 2 years (age 40+)	0	yes yes	ono no		N/A			
Test for chlamydia (age 24 and under) Pap smear within the past 2 years (age 18+) Have you had an abnormal pap smear? Mammogram within the past 2 years (age 40+) Bone density study / dexa scan	0	yes yes yes	no no no		N/A N/A N/A			
Test for chlamydia (age 24 and under) Pap smear within the past 2 years (age 18+) Have you had an abnormal pap smear? Mammogram within the past 2 years (age 40+) Bone density study / dexa scan within the past 2 years (age 50+)	0	yes yes yes yes	no no no		N/A N/A			
Test for chlamydia (age 24 and under) Pap smear within the past 2 years (age 18+) Have you had an abnormal pap smear? Mammogram within the past 2 years (age 40+) Bone density study / dexa scan	0	yes yes yes yes	no no no no		N/A N/A N/A			
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