

# Adult Preventive Care Flow Sheet

Patient Name: \_\_\_\_\_ Clinic: \_\_\_\_\_

Birth Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Gender: M F TG Location \_\_\_\_\_

Patient ID: \_\_\_\_\_

Medicare # \_\_\_\_\_ Practitioner: \_\_\_\_\_ NPI: \_\_\_\_\_

Medicaid # \_\_\_\_\_

1. Record today's date in the date of service row.
2. Check the small box if test was ordered / referred on date of service.

Record values in remaining portion of box when the results become available.

DATES OF SERVICE									
IMMUNIZATIONS	Influenza ("G" given)								
	Pneumococcal ("G" given)								
	Tdap/Td								
	HPV (19 - 26 years of age)								
	Varicella								
	Zoster (60+ years of age)								
	MMR (19 - 49 years of age)								
	Meningococcal								

CANCER SCREENING	Mammogram (Women $\geq$ 40 years of age)								
	Fecal occult blood (Men & women $\geq$ 50 years of age)								
	Pap smear (Women every 1-3 years)								

OTHER	Smoking cessation counseling								
	BMI								