Adult Preventive Care Flow Sheet

Patient Name:			Clin	_ Clinic:					
Birth Date:	e Ge	nder: M F	TG Loc	ation					
Patient ID:						·			
Medicare #				Practitioner:				_ NPI:	
Medicaid #	!			-					
 Record today's date in the date of service row. 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 ≥ 40 years of age)								
	Fecal occult blood (Men & women ≥ 50 years of age)								
	Pap smear (Women every 1-3 years)								
ОТНЕВ	Smoking cessation counseling								
	ВМІ								
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