***Patient Name:*** _____ ***Medical Record #*** _____

***Allergies:*** _____

| PROBLEM LIST (Active/On-going) | Date Begin | Date Ended | On-going | | PROBLEM LIST (Active/On-going) | Date Begin | Date Ended | On-going |
|---|---|---|---|---|---|---|---|---|
| 1) | | | | | 13) | | | |
| 2) | | | | | 14) | | | |
| 3) | | | | | 15) | | | |
| 4) | | | | | 16) | | | |
| 5) | | | | | 17) | | | |
| 6) | | | | | 18) | | | |
| 7) | | | | | 19) | | | |
| 8) | | | | | 20) | | | |
| 9) | | | | | 21) | | | |
| 10) | | | | | 22) | | | |
| 11) | | | | | 23) | | | |
| 12) | | | | | 24) | | | |

***IMMUNIZATION DATES - 5*** **Check P box if the office uses a separate Immunization Log &/or MCIR.**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **PNEUMOVAX** | | | | | | | | | |
| **INFLUENZA** | | | | | | | | | |
| **TETANTUS BOOSTER** | | | | | | | | | |
| **HEPTITIS A/B** | | | | | | | | | |
| **OTHER:** | | | | | | | | | |
| | | | | | | | | | |

***SCREENING DATES***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **CBC or HgB** | | | | | | | | | |
| **Blood Lead (if applicable)** | | | | | | | | | |
| **PPD** | | | | | | | | | |
| **RPR** | | | | | | | | | |
| **TSH** | | | | | | | | | |
| **FBS** | | | | | | | | | |
| A1C (if applicable) | | | | | | | | | |
| **BUN & CREAT with GFR** | | | | | | | | | |
| **U/A+micro-/macro-protein P** | | | | | | | | | |
| LIPID PROFILE WITH TOTAL CHOLESTEROL | | | | | | | | | |
| **BREAST EXAM** | | | | | | | | | |
| **MAMMOGRAM** | | | | | | | | | |
| **GC/CHLAMYDIA** | | | | | | | | | |
| **CHLAMYDIA** | | | | | | | | | |
| **PAP SMEAR** | | | | | | | | | |
| **RECTAL EXAM** | | | | | | | | | |
| **TESTICULAR EXAM** | | | | | | | | | |
| **PSA** | | | | | | | | | |
| **COLON CA SCREEN** | | | | | | | | | |
| **OCCULT BLOOD STOOL** | | | | | | | | | |
| **FOOT CARE/PODI. REF'L** | | | | | | | | | |
| **VISION & RETINAL P REF'L** | | | | | | | | | |
| **OTHER:** | | | | | | | | | |
| | | | | | | | | | |

***OTHER STUDIES***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **CHEST X-RAY** | | | | | | | | | |
| **E.K.G.** | | | | | | | | | |
| **2D ECHO** | | | | | | | | | |
| **STRESS TEST** | | | | | | | | | |
| **OTHER:** | | | | | | | | | |
| | | | | | | | | | |