

Preventive Services Worksheet Audit Form

Chart # :	<input type="text"/>	Clinic :	<input type="text" value="Select Clinic"/>
Audit Date :	<input type="text" value="Wednesday, April 05, 2006"/>	Reviewer :	<input type="text" value="Select Reviewer"/>
Last Visit Date :	<input type="text" value="Null"/>	Clinician :	<input type="text" value="Select Clinician"/>

SNo	Parameters	Options	Comments
Screening			
1.	Yearly: Blood pressure was measured.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="text"/>
2.	Yearly: Height and weight measured.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="text"/>
3.	Yearly: Vision screening assessed by Snellen chart.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="text"/>
4.	Yearly: Hearing assessed by history.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="text"/>
5.	Yearly: Problem drinking / alcohol abuse assessed.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="text"/>
6.	Yearly: Tobacco product use assessed.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="text"/>
7.	Colon cancer screening by one of 5 options.		<input type="text"/>

	<ul style="list-style-type: none"> • FOBT yearly. • Flexible sigmoidoscopy every 5 years. • Yearly FOBT plus flex sig every 5 years. • Double barium contrast every 5 years. • Colonoscopy every 10 years. 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
8.	Every 5 years: Lipid profile done.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="text"/>
9.	Every 3 years: Diabetic screening done in at risk patient. <ul style="list-style-type: none"> • Patients with hypertension or hyperlipidemia. • Strong family history of Type II DM. 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="text"/>
10.	Yearly: Females: CBE and mammogram done.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="text"/>
11.	Yearly: Females: Cervical cancer screening. <ul style="list-style-type: none"> • All women who are or have been sexually active. • May be discontinued if previous screenings have been neg. 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="text"/>
12.	Yearly: Females: Bone density screening.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="text"/>
13.	Yearly: Functional status assessed (ADL's)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="text"/>
Counseling			
14.	Yearly: Patient who uses alcohol. Counseled on avoidance while driving, swimming, boating, etc.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="text"/>

15.	Yearly: Patient who uses tobacco product. Counseled on cessation.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
16.	Yearly: Counseled on dental health.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
17.	Yearly: Counseled on nutrition and diet.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
18.	Yearly: Counseled on injury prevention.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
19.	Yearly: Counseled on STD prevention.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
20.	Yearly: Males: Counseled on risks and benefits of screening for prostate cancer screening.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
Immunizations			
21.	Yearly: Influenza vaccine.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
22.	Pneumococcal vaccine. Initial or repeat, if initial done before age 65 and more than 6 years.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	

23. Every 10 years: Diphtheria-Tetanus

- Yes
 No
 N/A



Chemoprophylaxis

24. Yearly: Aspirin therapy discussed with at risk patients.

- Yes
 No
 N/A



General

25. Avoids using unapproved abbreviations.

- Yes
 No
 N/A



Final Comments

