ADULT PREVENTION AND CHRONIC CARE FLOWSHEET

(This form is subject to the Privacy Act of 1974 – Use DD form 2005)

1. ALLERGIES	
a. MEDICATION ALLERGIES	b. OTHER ALLERGIES

2. CHRONIC ILLNESS	3. MEDICATIONS

4. HOSPITALIZATIONS/SURGERIES	

5. COUNSELING

F	FITNESS	a. DATE					
D	DENTAL	b. AGE					
I	INJURY PREVENTION	c. TOPIC					
N	NUTRITION/FOLATE						
C	CANCER PREVENTION						
S	SAFE SEX	d. DATE					
FP	FAMILY PLANNING	e. AGE					
RX	PRESENT MEDICATIONS	f. TOPIC					
MH	MENTAL HEALTH/STRESS/SUICIDE/ OCCUPATIONAL STRESS						
H	HORMONE/CALCIUM REPLACEMENT	g. DATE					
To	TOBACCO	h. AGE					
A	ALCOHOL/SUBSTANCE ABUSE	i. TOPIC					
t	TRAVEL						
o	OCCUPATIONAL EXPOSURE (HEARING THRESHOLD CHANGES/ CUMULATIVE TRAUMA DISORDER)						
		j. DATE					
		k. AGE					
		l. TOPIC					

ADVANCE DIRECTIVES: DATE FILED

PATIENT'S IDENTIFICATION (Use this space for mechanical imprint)

SUPPLIED (Navy)
2766-0102-LF-984-8400, pkg-100

RECORDS MAINTAINED AT:

PATIENT'S NAME LAST	FIRST	M.I.	SEX

RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE

SPONSOR'S NAME (Last, First, Middle Initial)	DEPT/SERVICE

ORGANIZATION	SSN/ID NUMBER	DATE OF BIRTH

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6. FAMILY HISTORY *M = Mother, F = Father, S = Sibling, MGM = Maternal Grandmother, MGF – Maternal Grandfather, PGM = Paternal Grandmother, PGF = Paternal Grandfather)*

a. CANCER *(Specify)*	
b. CARDIOVASCULAR DISEASE *(Specify)*	
c. DIABETES *(Specify)*	
d. MENTAL ILLNESS/CHEMICAL DEPENDENCY *(Specify)*	

7. SCREENING EXAMS *(* = Actual Result, ** = Tricare Benefit, N = Normal, X = Abnormal, E = Done Elsewhere, R = Refused. NA = Not Indicated) (● = Next Due)*

a. TEST	b. FREQUENCY	c. YEAR / d. AGE						
(1) CLINICAL DISEASE PREV EVAL/PHA (HEAR)	ANNUAL	e. DATES						
*(2) WEIGHT	ANNUAL FOR ACTIVE DUTY							
*(3) HEIGHT	ANNUAL FOR ACTIVE DUTY							
*(4) BLOOD PRESSURE	ONCE q 2 YRS FOR BP < 130/85, ANNUAL IF GREATER							
*(5) CHOLESTEROL**	*q 5 YRS FOR AGE ≥ 18 q YR IF PREV ABN							
(6) HEARING	CLINICAL DISCRETION							
(7) SKIN EXAM *(Cancer)*	ANNUAL IF AT RISK							
(8) ORAL/DENTAL **	ANNUAL							
(9) EYE/VISION**	ROUTINE ACUITY WITH PERIODIC ASSESSMENT DIABETES ANNUAL GLAUCOMA CHECK: Blacks q 3-5 yrs age 20-29 All q 2-4 years age 40-64							
(10) BREAST EXAM	ANNUAL: ≥ 40 YRS							
(11) MAMMOGRAM**	BASELINE @ 40, q 2 YRS 40-50, ANNUALLY > 50							
(12) PAP ***(Digital Rectal Exam)*	BASELINE: AGE 18 OR ONSET OF SEXUAL ACTIVITY AFTER 3 NL ANNUAL EXAMS, PERFORM q 1-3 years.							
(13) FECAL OCCULT BLOOD	ANNUAL ≥ 50 yrs							
(14) SIGMOID	EVERY 3-5 YRS: ≥ 50 YRS							
(15) COLONOSCOPY	HIGH RISK q 5 YRS ≥ 40 YRS							
(16) TESTICULAR	HIGH RISK ANNUAL 13-39 YRS							
(17) PROSTATE** ***(DIGITAL RECTAL EXAM)*	WITH P.E. ≥ 40 YRS *(Presently recommended annually)*							
(18) RUBELLA SCREEN *(Females)*	ONCE BETWEEN AGES 12-18 YRS *(Unless prev vaccinated)*							
(19) OCCUPATIONAL SCREENING EXAMS	APPROPRIATE TO EXPOSURES							
(20)								
(21)								
(22)								

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8. OCCUPATIONAL HISTORY/RISK

a. PRP		YES		NO
b. FLYING STATUS		YES		NO

9. IMMUNIZATIONS *(Enter numeric class in sub block)*

(1) IMMUNIZATION	(2) DATE *(ddmmmyyyy)*	(1) IMMUNIZATION	(2) DATE *(ddmmmyyyy)*	(1) IMMUNIZATION	(2) DATE *(ddmmmyyyy)*	(1) IMMUNIZATION	(2) DATE *(ddmmmyyyy)*
a. HEP A #1		f. MMR #1		j. TD (q 10 YRS) *(Last)*			
b. HEP A #2		g. MMR #2		k. TD *(DUE)*			
c. HEP B #1		h. PNEUMOCOCCUS		l. YELLOW FEVER *(LAST)*			
d. HEP B #2		i. POLIO OPV=O IPV = I		m. YELLOW FEVER			

n. TYPHOID *(Enter numeric class in sub block) Oral=O, TYPHUM VI=1, TYPHOID USP = 2*	(1) DATE	(2) DATE	(3) DATE	(4) DATE	(5) DATE	(6) DATE

o. ANTHRAX	(1) INITIAL DATE	(2) 2 WEEK DATE	(3) 4 WEEK DATE	(4) 6 MONTH DATE	(5) 12 MONTH DATE	(6) 18 MONTH DATE

p. PPD *(Enter mm and date)*	(1)(a) mm	(2)(a) mm	(3)(a) mm	(4)(a) mm	(5)(a) mm	(6)(a) mm	(7)(a) mm
	(b) DATE	(b) DATE	(b) DATE	(b) DATE	(b) DATE	(b) DATE	(b) DATE
q. INFLUENZA	(1) DATE	(2) DATE	(3) DATE	(4) DATE	(5) DATE	(6) DATE	(7) DATE
r. VARICELLA	(1) DATE	(2) DATE	u. JAPANESE ENCEPHALITIS (1) DATE		(2) DATE	(3) DATE	(4) DATE
s. MENINGO	(1) DATE	(2) DATE	v. OTHER *(Specify)*		(1) DATE	(2) DATE	(3) DATE
t. ADENO	(1) DATE	(2) DATE	w. OTHER *(Specify)*		(1) DATE	(2) DATE	(3) DATE

10. READINESS

(Glucose-6-phosphate dehydrogenase)

a. DNA	DATE:	b. BLOOD TYPE	DATE:	RESULT:	c. G-PD	DATE:	RESULT:	d. SICKLE CELL	DATE:	RESULT:

e. PERMANENT PROFILE CHANGE	(1) DATE	(2) P:	(3) U:	(4) L:	(5) H:	(6) E:	(7) S:

f. GLASSES/GAS/MASK Rx:	(1) DATE	(2) DATE	(3) DATE	(4) DATE	(5) DATE	(6) DATE
g. DENTAL EXAM *(Enter numeric class in sub block)*	(1) DATE	(2) DATE	(3) DATE	(4) DATE	(5) DATE	(6) DATE
h. HIV TESTING	(1) DATE	(2) DATE	(3) DATE	(4) DATE	(5) DATE	(6) DATE
i. FITNESS *(in sub block enter P=Pass, F=Fail, W=Waiver)*	(1) DATE	(2) DATE	(3) DATE	(4) DATE	(5) DATE	(6) DATE
	(1) DATE	(2) DATE	(3) DATE	(4) DATE	(5) DATE	(6) DATE
	(1) DATE	(2) DATE	(3) DATE	(4) DATE	(5) DATE	(6) DATE

11. PRE/POST DEPLOYMENT HISTORY

a. LOCATION						
(1) PREDEPLOYMENT	(a) DATE	(b) DATE	(c) DATE	(d) DATE	(e) DATE	(f) DATE
(2) POSTDEPLOYMENT	(a) DATE	(b) DATE	(c) DATE	(d) DATE	(e) DATE	(f) DATE
b. LOCATION						
(1) PREDEPLOYMENT	(a) DATE	(b) DATE	(c) DATE	(d) DATE	(e) DATE	(f) DATE
(2) POSTDEPLOYMENT	(a) DATE	(b) DATE	(c) DATE	(d) DATE	(e) DATE	(f) DATE
c. CHART AUDIT						

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(Continuation Sheet)

a. TEST	b. FREQUENCY	DATES					
		(a)	(b)	(c)	(d)	(e)	(f)

REMARKS

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SPONSOR'S NAME *(Last, First, Middle Initial)*			DEPT/SERVICE
ORGANIZATION	SSN/ID NUMBER		DATE OF BIRTH