

# WELLNESS



DATE \_\_\_\_\_

NAME \_\_\_\_\_

DOB \_\_\_\_\_

- **Mammogram Date:** (Age 40-74, Unless FH+)
  - Results \_\_\_\_\_
- **Pap Smear Date:** (Age 21-70, Unless FH+)
  - Results \_\_\_\_\_
- **Colonoscopy Date:** (Age 50-75, Unless FH+)
  - Results \_\_\_\_\_
- **Cologuard Date:** (Age 50-75, Unless FH+)
  - Results \_\_\_\_\_
- **Bone Density Date:** (1x Post-Menopausal, then Q2yrs @65)
  - Results \_\_\_\_\_
- **Dilated Eye Exam:** (All Diabetics)
  - Glasses/Contacts Y/N \_\_\_\_\_
- **Glaucoma Screening:** (All Diabetics, Age 40+)
  - Results \_\_\_\_\_
- **Hearing Aids Y/N** \_\_\_\_\_
- **Hep C Screening:** (Born 1945-1965, Bld Tran before 1992)
  - Results \_\_\_\_\_
- **HIV Screening:** (All Adults)
  - Results \_\_\_\_\_
- **EKG Date:** (HTN, FH+)
  - Results \_\_\_\_\_
- **ETOH Intake:**
  - Amt/Frequency/Length \_\_\_\_\_
- **Tobacco/Drug Use:**
  - Amt/Frequency/Length \_\_\_\_\_
  - CXR \_\_\_\_\_

- CT of Chest\_\_\_\_\_
- AAA Screening\_\_\_\_\_
- **Family History:**
  - Mother\_\_\_\_\_
  - Father\_\_\_\_\_
  - Sibling\_\_\_\_\_

## VACCINE HISTORY

- Flu\_\_\_\_\_
- Tdap\_\_\_\_\_
- COVID 1/2\_\_\_\_\_
  - Booster\_\_\_\_\_
  - Booster\_\_\_\_\_
  - Booster\_\_\_\_\_
- Pevnar-13\_\_\_\_\_ (Age 50+)
- Pneumo-23\_\_\_\_\_ (Age 65+, Unless Immunosuppression)
- Zostavax\_\_\_\_\_ (Age 65+)
- Shingrix\_\_\_\_\_ (Age 50+)
  - 1\_\_\_\_\_
  - 2\_\_\_\_\_

## OTHER PROVIDERS

- Cardiology\_\_\_\_\_
- Pulmonology\_\_\_\_\_
- Rheumatology\_\_\_\_\_
- Gastroenterology\_\_\_\_\_
- Neurology\_\_\_\_\_
- Urology\_\_\_\_\_
- Gynecology\_\_\_\_\_
- Endocrinology\_\_\_\_\_
- Optometry\_\_\_\_\_
- Orthopedist\_\_\_\_\_
- Psychologist/Counselor\_\_\_\_\_

