

Adult Preventive Care Visit Record

Name: _____

Birth date: _____

Ages 18 – 39

Preventive care focus: maintaining or developing healthy lifestyle habits and eliminating high-risk behaviors.

Physical exams and lab tests	<i>Recommended frequency</i>	<i>Date performed</i>	<i>Date performed</i>	<i>Date performed</i>	<i>Date performed</i>	<i>Date performed</i>
Annual physical exam	Annually					
Serum cholesterol	Annually					
Urine test or urinalysis	Annually					
HCT (hematocrit) or HGB (hemoglobin)	Annually					
Sickle cell	Annually					
TB testing	Annually					
CBC (complete blood count)	Annually					
PPD (purified protein derivative)	Annually					
Fasting glucose	Annually					
Cholesterol screening	Annually					
CRP (C-reactive protein) diagnostic test	Annually					
Creatinine	Annually					

Immunizations	<i>Recommended frequency</i>	<i>Date performed</i>	<i>Date performed</i>	<i>Date performed</i>	<i>Date performed</i>	<i>Date performed</i>
Diphtheria and Tetanus Toxoids (DT)	Every 10 years					
Mumps, Measles and Rubella virus vaccine (MMR)	One time from age 19 – 39					
Rubella virus vaccine	One time from age 19 – 39					
Influenza vaccine	Annually					

Adult Preventive Care Visit Record

Name: _____

Birth date: _____

Ages 18 – 39, continued

Female only	<i>Recommended frequency</i>	<i>Date performed</i>	<i>Date performed</i>	<i>Date performed</i>	<i>Date performed</i>	<i>Date performed</i>
Mammogram	One time from age 35 – 39					
Rubella titer	One time from age 19 – 39					
Pap smear	Annually					
Breast exam	Annually					

Adult Preventive Care Visit Record

Name: _____

Birth date: _____

Ages 40 – 64

Preventive care focus: eliminating high-risk behaviors and screening for chronic and/or life-threatening disease.

Physical exams and lab tests	<i>Recommended frequency</i>	<i>Date performed</i>	<i>Date performed</i>	<i>Date performed</i>	<i>Date performed</i>	<i>Date performed</i>
Physical exam	Annually					
Rectal exam	Annually					
Sigmoidoscopy	Annually					
Stool occult blood	Annually					
Colonoscopy	Every 10 years from age 50					
Serum cholesterol	Annually					
Prostatic specific antigen screening (PSA)	Annually					
Urine test or urinalysis	Annually					
HCT (hematocrit) or HGB (hemoglobin)	Annually					
Sickle cell	Annually					
TB testing	Annually					
CBC (complete blood count)	Annually					
PPD (purified protein derivative)	Annually					
Fasting glucose	Annually					
Cholesterol screening	Annually					
CRP (C-reactive protein) diagnostic test	Annually					
Creatinine	Annually					
Colorectal cancer test	Annually					
Diabetes screen	Annually					
Depression screen	Annually					

Adult Preventive Care Visit Record

Name: _____

Birth date: _____

Ages 40 – 64, continued

Immunizations	<i>Recommended frequency</i>	<i>Date performed</i>	<i>Date performed</i>	<i>Date performed</i>	<i>Date performed</i>	<i>Date performed</i>
Diphtheria and Tetanus Toxoids (DT)	Every 10 years					
Influenza vaccine	Annually					

Female only	<i>Recommended frequency</i>	<i>Date performed</i>	<i>Date performed</i>	<i>Date performed</i>	<i>Date performed</i>	<i>Date performed</i>
Mammogram	Annually					
Pap smear	Annually					
Breast exam	Annually					

Male only	<i>Recommended frequency</i>	<i>Date performed</i>	<i>Date performed</i>	<i>Date performed</i>	<i>Date performed</i>	<i>Date performed</i>
Prostatic specific antigen screening (PSA)	Annually					

Adult Preventive Care Visit Record

Name: _____

Birth date: _____

Ages 65 and Over

Preventive care focus: eliminating high-risk behaviors and screening for chronic and/or life-threatening disease.

Physical exams and lab tests	<i>Recommended frequency</i>	<i>Date performed</i>	<i>Date performed</i>	<i>Date performed</i>	<i>Date performed</i>	<i>Date performed</i>
Physical exam	Annually					
Rectal exam	Annually					
Sigmoidoscopy	Annually					
Stool occult blood	Annually					
Colonoscopy	Every 10 years					
Serum cholesterol	Annually					
Urine test or urinalysis	Annually					
HCT (hematocrit) or HGB (hemoglobin)	Annually					
Sickle cell	Annually					
TB testing	Annually					
CBC (complete blood count)	Annually					
PPD (purified protein derivative)	Annually					
Fasting glucose	Annually					
Cholesterol screening	Annually					
CRP (C-reactive protein) diagnostic test	Annually					
Creatinine	Annually					
Colorectal cancer test	Annually					
Diabetes screen	Annually					
Depression screen	Annually					

Ages 65 and Over, continued

Immunizations	<i>Recommended frequency</i>	<i>Date performed</i>	<i>Date performed</i>	<i>Date performed</i>	<i>Date performed</i>	<i>Date performed</i>

Adult Preventive Care Visit Record

Name: _____

Birth date: _____

Diphtheria and Tetanus Toxoids (DT)	Every 10 years					
Influenza vaccine	Annually					
Pneumococcal	Once per lifetime					

	<i>Recommended frequency</i>	<i>Date performed</i>	<i>Date performed</i>	<i>Date performed</i>	<i>Date performed</i>	<i>Date performed</i>
Female only						
Mammogram	Annually					
Pap smear	Annually					
Breast exam	Annually					

	<i>Recommended frequency</i>	<i>Date performed</i>	<i>Date performed</i>	<i>Date performed</i>	<i>Date performed</i>	<i>Date performed</i>
Male only						
Testicular exam	Annually					
Prostatic specific antigen screening (PSA)	Annually					