



Adult Health Maintenance Flow Sheet

Patient's Name _____

Patient's Date of Birth _____

| Guidelines | Age: | Age: | Age: | Age: | Age: | Age: | Age: |
|--|------|------|------|------|------|------|------|
| Date | | | | | | | |
| Complete Physical, Social, Medical and Family History (every 3-5 yrs, 65-74 every 2 yrs, 75+ yearly) | | | | | | | |
| Risk Evaluation(alcohol, tobacco, nutrition, drug abuse) (every 5 years) | | | | | | | |
| Safety and Violence (seatbelts, helmets, firearms, child and partner abuse) (every 5 yrs) | | | | | | | |
| Behavioral Assessment (depression, anxiety, stress reduction) (every 5 years) | | | | | | | |
| Blood Pressure (every two years) | | | | | | | |
| Vision and Glaucoma Screening (40-65 every 2 years, 65+ yearly) | | | | | | | |
| Skin Evaluation (20-40 every 3 yrs, 40+ yearly) | | | | | | | |
| Lipid Profile (every 5 yrs) | | | | | | | |
| Blood or Oral Glucose Tolerance Test (45+ every 3 years) | | | | | | | |
| Prostate Exam (40+ yearly) | | | | | | | |
| Digital Rectal Exam (male and female) (40+ yearly) | | | | | | | |
| Testicular Exam (yearly) | | | | | | | |
| PSA (50+ yearly) | | | | | | | |
| Breast Exam (yearly) | | | | | | | |
| Mammography (40-49 every two years, 50+ yearly) | | | | | | | |
| Pelvic/Pap Exam (20-64 every 1-3 yrs, 65+ as recommended by PCP) | | | | | | | |
| Gonorrhea and Chlamydia Screening(female) (20-25 yearly) | | | | | | | |
| Counseling about Menopause and Risks of HRT (45-59 every 2 yrs) | | | | | | | |
| Screening for Osteoporosis in Postmenopausal Women (60 – 75+ every 3-5 yrs) | | | | | | | |
| Fecal Occult Blood Test (50-75+ yearly) or | | | | | | | |
| Sigmoidoscopy (50-75+ every 5 yrs) or | | | | | | | |
| Double Contrast Barium Enema (50-75+ every 5-10 yrs) or | | | | | | | |
| Total Colonoscopy (50-75+ every 10 yrs) | | | | | | | |