



**Adult Health Maintenance Flow Sheet**

Patient's Name \_\_\_\_\_

Patient's Date of Birth \_\_\_\_\_

<b>Guidelines</b>	Age:	Age:	Age:	Age:	Age:	Age:	Age:
<b>Date</b>							
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) <b>or</b>							
Sigmoidoscopy (50-75+ every 5 yrs) <b>or</b>							
Double Contrast Barium Enema (50-75+ every 5-10 yrs) <b>or</b>							
Total Colonoscopy (50-75+ every 10 yrs)							