**Adult Preventive Care Flowsheet**

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>Male</th>
<th>Female</th>
<th>DOB</th>
<th>Height</th>
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<tbody>
<tr>
<td><strong>Diet &amp; Physical Activity</strong></td>
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<tr>
<td>Goal BMI 20-25</td>
<td>Wt: ___ lbs</td>
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<tr>
<td><strong>Tobacco Use</strong></td>
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<td>□ Never</td>
<td>□ Former:</td>
<td>Stop Date ___ / ____</td>
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<td>□ Current:</td>
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<td>□ Counseled</td>
<td>□ Medication</td>
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<tr>
<td><strong>Problem Drinking</strong></td>
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<td>□ Never</td>
<td>□ Current:</td>
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<tr>
<td><strong>IMMUNIZATIONS</strong></td>
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| Aspirin (80mg/d) Adults at risk for CAD
Depression Screening² | | | | |
| | | | | |
| | | | | |
| **SCREENING AND TESTS** | | | | |
| Lipid Profile At least Q5yrs for women ≥45, men ≥35, and anyone at high-risk for CAD ≥20 | □ | □ | □ | □ |
| Colorectal cancer screening FOBT q1yr, flex sig q5yrs or colonoscopy q 10 yrs if ≥50yrs | □ | □ | □ | □ |
| Pap smear Qyr x 3 then q 3 yrs if WNL sexually active females w/cervix <65 yrs | □ | □ | □ | □ |
| Chlamydia Qyr in sexually active ≤25 or high-risk females | □ | □ | □ | □ |
| Mammogram Q1-2yrs for women ≥40 yrs | □ | □ | □ | □ |
| Bone Density DXA Q2 yrs for women who are ≥65 or post-menopausal; others at high risk | □ | □ | □ | □ |
| Blood Pressure Measure annually or more often if indicated. | □ | □ | □ | □ |
| | □ | □ | □ | □ |

¹ CAGE or AUDIT recommended. CAGE involves 4 items: Have you ever felt you should Cut down on your drinking? Have people Annoyed you by criticizing your drinking? Have you ever felt bad or Guilty about your drinking? Have you ever had a drink first thing in the morning (an Eye-opener) to steady your nerves or get rid of a hangover?

² The following two questions are probably as effective as more intensive scales: Over the past two weeks, have you felt down, depressed, or hopeless? Over the past two weeks, have you felt little interest or pleasure in doing things?

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**Note:** Flowsheet based on 2005 U.S. Preventive Services Task Force recommendations for the general population. Frequency and implementation of preventive care should be tailored to the patient’s needs, allergies, risk factors, and preferences.
**HEALTH GUIDANCE**

**Diet & Physical Activity**
- Goal BMI 20-25
- Wt: _____ lbs
- BMI: _____ kg/m^2
- □ Counseled

**Tobacco Use**
- □ Never
- □ Former: Stop Date ___/____
- □ Current
- □ Counseled

**Problem Drinking**
- □ Never
- □ Current:
- □ drinks per ___(day/wk/mo)
- □ Screened for problem drinking
- □ Never
- □ Current:
- □ drinks per ___(day/wk/mo)
- □ Screened for problem drinking
- □ Never
- □ Current:
- □ drinks per ___(day/wk/mo)
- □ Screened for problem drinking
- □ Never
- □ Current:
- □ drinks per ___(day/wk/mo)
- □ Screened for problem drinking

**Aspirin (80mg/d)**
- Adults at risk for CAD

**Depression Screening**
- Assess annually or prn

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1 CAGE or AUDIT recommended. CAGE involves 4 items: Have you ever felt you should Cut down on your drinking? Have people Annoyed you by criticizing your drinking? Have you ever felt bad or Guilty about your drinking? Have you ever had a drink first think in the morning (an Eye-opener) to steady your nerves or get rid of a hangover?

2 The following two questions are probably as effective as more intensive scales: Over the past two weeks, have you felt down, depressed, or hopeless? Over the past two weeks, have you felt little interest or pleasure in doing things?

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**IMMUNIZATIONS**

**Influenza**
- Qyr if ≥ 50 or high-risk

**Pneumococcal**
- Once at ≥ 65 yrs or high-risk

**Tetanus/Diphtheria**
- Q 10yrs

**SCREENING AND TESTS**

**Lipid Profile**
- At least Q5yrs for women ≥45, men ≥35, and anyone at high-risk for CAD ≥20
- □

**Colorectal cancer screening**
- FOBT q1yr, flex sig q5yrs or colonoscopy q 10 yrs if ≥50 yrs
- □ FOBT
- □ Flex Sig
- □ Colonoscopy

**Pap smear**
- Qyr x 3 then q 3 yrs if WNL sexually active females w/cervix <65 yrs
- □

**Chlamydia**
- Qyr in sexually active ≤25 or high-risk females
- □

**Mammogram**
- Q1-2yrs for women ≥40 yrs
- □

**Bone Density**
- DXA Q2 yrs for women who are ≥65 or post-menopausal; others at high risk
- □

**Blood Pressure**
- Measure annually or more often if indicated.
- □

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