

PREVENTIVE HEALTH TRACKING FORM* — Adults

Patient's Name _____ Gender: Sex: M / F

Patient's Number _____ Date of First Visit _____ Date of Birth _____

ALLERGIES/ADVERSE REACTIONS

DATE:				
EXAMINATION/SCREENING				
History and Physical				
Blood Pressure (Goal _____)				
Height				
Weight/BMI (Goal _____)				
Cholesterol Screening [▼] (Goal _____)				
Diabetes Screening [▼] (Goal _____)				
Colorectal Screening [▲] (Goal _____)				
Depression/Suicide Risk/Eating Disorder Risk				
HIV/STDs (e.g., chlamydia/gonorrhea)				
Environmental & Occupational Screening (e.g., ergonomics)				
Tobacco/Alcohol/Drug Use				
Hearing/Vision (Glaucoma as appropriate) [▼]				
FEMALES ONLY				
Pap				
Pelvic Exam				
Mammogram				
Clinical Breast Exam (CBE)				
Menopausal Signs and Symptoms (as appropriate) [▼]				
Bone Density Screening (as appropriate) [▼]				
MALES ONLY				
Prostate Screening Discussion				
Abdominal Aortic Aneurysm per USPSTF Recommendations				
HEALTH EDUCATION/DISCUSSION TOPICS				
Proper Nutrition/Physical Activity/Weight Management				
Medication Safety/Contraindications				
Cancer Risk Assessment				
Safety Concerns (e.g., smoke detector, seat belts)				
Environmental Hazards and Occupational Risks				
Risk of Violence/Signs of Abuse or Neglect				
Birth Control/Family Planning (as appropriate)				
Breast Self-Exam (BSE) (Discuss Benefits and Limitations)				
Bowel/Bladder Patterns/Schedule/Concerns				
Living Will/Advanced Directives				
Stress Reduction/Sleep Concerns/Feelings of Sadness				
Proper Dental Care				
FOR ADDITIONAL INFORMATION AND THE ACIP RECOMMENDED IMMUNIZATION SCHEDULE, REFER TO THE CDC'S WEB SITE AT http://www.cdc.gov/nip.				
Td: Tetanus/Diphtheria or Tdap	Every 10 Years			
Influenza (Flu)	Annually	≥50 years old and anyone at high risk		
PCV: Pneumococcal	<input type="checkbox"/> Once	≥65 years old (<65 for high-risk members)		
	<input type="checkbox"/> 2nd dose	Second dose of vaccine only if patient received vaccine more than 5 years ago and was younger than 65 years old at the time of the vaccine.		
Practitioner Initials				

 *Refer to Plan-adopted Preventive Health Guidelines for reference listings at www.ibx.com

▼Assess for individual screening risk and frequency needs.

▲FOBT, single stool sample, is not adequate as a sole screening test for colorectal cancer.

A = Assessed

P = Poor

F = Fair

G = Good

C = Counseled

R = Refused

N = Normal Result

AB = Abnormal Result

E = Done Elsewhere

PREVENTIVE HEALTH TRACKING FORM*— Adults ≥ 65

Patient's Name _____ Gender: Sex: M / F

Patient's Number _____ Date of First Visit _____ Date of Birth _____

ALLERGIES/ADVERSE REACTIONS

DATE:				
EXAMINATION/SCREENING				
History and Physical				
Blood Pressure (Goal _____)				
Height				
Weight/BMI (Goal _____)				
Cholesterol Screening▼ (Goal _____)				
Diabetes Screening▼ (Goal _____)				
Colorectal Screening▲				
Depression/Suicide Risk/Eating Disorder Risk				
HIV/STDs (e.g., chlamydia/gonorrhea)				
Environmental & Occupational Screening (e.g., ergonomics)				
Tobacco/Alcohol/Drug Use				
Hearing/Vision (Glaucoma as appropriate)▼				
Bone Density Screening (as appropriate)▼				
FEMALES ONLY				
Pap				
Pelvic Exam				
Mammogram				
Clinical Breast Exam (CBE)				
Menopausal Signs and Symptoms (as appropriate)▼				
MALES ONLY				
Prostate Screening Discussion				
Abdominal Aortic Aneurysm per USPSTF Recommendations				
HEALTH EDUCATION/DISCUSSION TOPICS				
Proper Nutrition/Physical Activity/Weight Management				
Medication Safety/Contraindications				
Cancer Risk Assessment				
Safety Concerns (e.g., smoke detector, seat belts)				
Environmental Hazards and Occupational Risks				
Risk of Violence/Signs of Abuse or Neglect				
Breast Self-Exam (BSE) (Discuss Benefits and Limitations)				
Bowel/Bladder Patterns/Schedule/Concerns				
Living Will/Advanced Directives				
Stress Reduction/Sleep Concerns/Feelings of Sadness				
Proper Dental Care				
FOR ADDITIONAL INFORMATION AND THE ACIP RECOMMENDED IMMUNIZATION SCHEDULE, REFER TO THE CDC'S WEB SITE AT http://www.cdc.gov/nip.				
Td: Tetanus/Diphtheria or Tdap	Every 10 Years			
Influenza (Flu)	Annually	≥50 years old and anyone at high risk		
PCV: Pneumococcal	<input type="checkbox"/> Once	≥65 years old (<65 for high-risk members)		
	<input type="checkbox"/> 2nd dose	Second dose of vaccine only if patient received vaccine more than 5 years ago <i>and</i> was younger than 65 years old at the time of the vaccine.		
Practitioner Initials				

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