

**Health Maintenance / Preventive Care History  
(New Patients Establishing Primary Care)**



PATIENT NAME	DATE OF BIRTH
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**Preventive care is the most important step you can take to manage your health because many of the top risk factors leading to illness and premature death are preventable.**

Your provider will recommend preventive care screening tests depending on your overall health, family history, gender, and age. These screening tests will help your provider spot problems. Early detection often means a better outcome and lower health care costs.

Even if you have a chronic condition such as diabetes, high blood pressure, high cholesterol, or other medical problems, there are steps your provider can recommend that may reduce symptoms and improve your quality of life.

Please complete the chart below to the best of your ability. We will work together to get you on a schedule for preventive health that best meets your individual needs and health goals.

**VACCINATIONS**

	DATE LAST DONE	WHO NEEDS	HOW OFTEN
Tetanus Vaccine***		EVERYONE	EVERY 10 YEARS
Flu Vaccine		EVERYONE	YEARLY
Pneumonia 13 Vaccine***		EVERYONE AT AGE 65	ONCE
Pneumonia 23 Vaccine***		EVERYONE AT AGE 66	ONCE
Shingles Vaccine		EVERYONE AT AGE 60	ONCE
HPV Vaccine		EVERYONE AGE 11-26	SERIES OF 3

**WOMEN**

	DATE LAST DONE	WHO NEEDS	HOW OFTEN
Colonoscopy***		EVERYONE 50 AND OVER	EVERY 1-10 YEARS
Pap Smear***		WOMEN AGE 21-65	EVERY 3-5 YEARS
Mammogram		WOMEN AGE 40-85	YEARLY
Bone Mineral Density***		WOMEN 65 AND OVER	EVERY 2 YEARS

**MEN**

	DATE LAST DONE	WHO NEEDS	HOW OFTEN
Colonoscopy***		EVERYONE 50 AND OVER	EVERY 1-10 YEARS
PSA and/or Prostate Exam**		MEN AGE 50 AND OVER	YEARLY

**\*\* Recommendations vary by provider and patient preference. Discuss with your provider.**

**\*\*\*Recommendations vary by individual health and risk factors. Discuss with your provider.**