

Prevention Alert

(All Patients ≥35)

Name _____

Date of Birth ____/____/____

Service	Date/Results*	Date/Results*	Date/Results*	Date/Results*
Immunizations				
Pneumovax Every 5 years	/ /	/ /	/ /	/ /
Flu Shot Annually	/ /	/ /	/ /	/ /
Adult DT Every 10 years	/ /	/ /	/ /	/ /
Mammography Age ≥ 35 Annual	/ /	/ /	/ /	/ /
Pap Smear Annually	/ /	/ /	/ /	/ /
Colon Cancer Screening Age ≥50				
Colonoscopy High risk - 24 mos. No high risk - 10 yrs.	/ /	/ /	/ /	/ /
HemmoCult Annually	/ /	/ /	/ /	/ /
PSA Annually	/ /	/ /	/ /	/ /
Cholesterol Annually	/ /	/ /	/ /	/ /

Note: _____

*Not Provided Reason:

1. Not indicated
2. Forgot
3. No time
4. Patient Refused
5. Patient Ill
6. Other