

## MEN'S PREVENTATIVE WELLNESS PLAN

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Please list your current medications:


Past Medical History: \_\_\_\_\_

\_\_\_\_\_

Family History: \_\_\_\_\_

\_\_\_\_\_

Surgical History:


Allergies: \_\_\_\_\_

Tobacco Use: \_\_\_\_\_

Alcohol Use: \_\_\_\_\_

Please list your current providers:


\* Please fill out the date of the last screening test.

SCREENING SERVICES	DATE OF LAST TEST	NEXT SCREENING DUE
<b>Prostate Cancer Screening</b> Annually		
<b>Cholesterol Testing</b> Once every 5 years or more frequent if high risk		

<b>Diabetes Screening</b> 2 per year for patients with pre-diabetes 1 per year for with no history of pre-diabetes		
<b>Colorectal Cancer Screening (Colonoscopy)</b> Normal risk patients - Screening colonoscopy every 10 years High Risk patients – screening colonoscopy every 2 years		
<b>Abdominal Aortic Aneurysm</b> Once in a lifetime		
<b>Alcohol Misuse Screening</b> Annually for normal risk, 4 times per year for those who are high risk		
<b>Depression Screening</b> Annually		
<b>Sexually Transmitted Diseases</b> Annually		
<b>Vision Screening</b> Every two years after age 40		
<b>Other:</b>		

<b>IMMUNIZATIONS</b>	<b>DATE OF LAST INJECTION</b>	<b>DUE DATE</b>
<b>Pneumococcal (Pneumonia)</b> An initial pneumococcal vaccine to beneficiaries who have never been vaccinated, a different second vaccine 1 year after the first vaccine was administered.		
<b>Influenza Virus Vaccine</b> One per influenza season		
<b>Other:</b>		