WOMEN'S PREVENTATIVE WELLNESS PLAN

PATIENT NAME:_________________________________ DATE:__________________

Please list your current medications:

___________________________________ ___________________________________

___________________________________ ___________________________________

___________________________________ ___________________________________

___________________________________ ___________________________________

Past Medical History: ____

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Family History: ____

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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
Mammogram – Breast Cancer screening Age 35-39 one baseline Age 40 and older - annually		

Cervical Cancer Screening (Pap smear) Annually if at high risk for cancer or of child bearing age. Every 2 years for women at normal risk		
Osteoporosis Screening (Bone Density) Every two years or more frequent if high risk		
Cholesterol Testing Once every 5 years or more frequent if high risk		
Diabetes Screening 2 per year for patients with pre-diabetes 1 per year for with no history of pre-diabetes		
Colorectal Cancer Screening (Colonoscopy) Normal risk patients - Screening colonoscopy every 10 years High Risk patients – screening colonoscopy every 2 years		
Abdominal Aortic Aneurysm Once in a lifetime		
Alcohol Misuse Screening Annually for normal risk, 4 times per year for those who are high risk		
Depression Screening Annually		
Sexually Transmitted Diseases Annually		
Vision Screening Every two years after age 40		
Other:		

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