Adult Preventive Care Flow Sheet

Patient Name: **Medical Record #:**

Date of Birth: / /	**Sex:** M / F	**Height:**

SCREENINGS AND TESTS	GUIDELINES	ENTER DATE(S) AND RESULT(S)				
Smoking Status (Never/Past/Current)	Every patient at every visit	Date	/ /	/ /	/ /	/ /
		Result				
Blood Pressure	Every 1 - 2 years	Date	/ /	/ /	/ /	/ /
		Result				
Body Mass Index*	$BMI = \left(\frac{\text{(Weight in Pounds)}}{\text{(Height in inches) x (Height in inches)}}\right) x 703$	Date	/ /	/ /	/ /	/ /
		Result				
Fasting Plasma Glucose	45 y.o. and BMI $\geq$ 25; patients with hypertension or dyslipidemia	Date	/ /	/ /	/ /	/ /
		Result				
Cholesterol	Every 5 years for: M $\geq$ 35 y.o. F $\geq$ 45 y.o.	Date	/ /	/ /	/ /	/ /
		Result				
HIV Status	Ask every patient; offer test if status is unknown	Date	/ /	/ /	/ /	/ /
		Result				
Depression (Use PHQ-2 tool*)	Screen every patient	Date	/ /	/ /	/ /	/ /
		Result				
Alcohol and Drug Use (Use CAGE-AID tool*)	Screen every patient	Date	/ /	/ /	/ /	/ /
		Result				
Colonoscopy	Every 10 years for $\geq$ 50 y.o.	Date	/ /	/ /	/ /	/ /
		Result				
♀ Patients: **Pelvic/Pap Test**	Every 1 - 3 years	Date	/ /	/ /	/ /	/ /
		Result				
♀ Patients: **Mammogram**	Every 1 - 2 years > 40 y.o.	Date	/ /	/ /	/ /	/ /
		Result				

IMMUNIZATIONS	GUIDELINES	ENTER DATE(S) AND VACCINE INFORMATION				
Influenza	$\geq$ 50 y.o. and others at high-risk; Annually	Date	/ /	/ /	/ /	/ /
Pneumococcal	$\geq$ 65 y.o. (high-risk, 1st dose at < 65 y.o., 2nd dose at 65 y.o. or 5 years from 1st dose)	Date	/ /	/ /		
Hepatitis B	High-risk groups; 3 or 4 dose series	Date	/ /	/ /	/ /	/ /
Tetanus & Diphtheria	Every 10 years	Date	/ /	/ /	/ /	/ /

OTHER IMMUNIZATIONS				
Varicella: Non-immune, 2 doses **Rubella:** Non-pregnant women of childbearing age & healthcare workers, 1 dose **High-risk travel:** Recommendations by country: www.cdc.gov/travel	Date	/ /	/ /	/ /
	Type			
	Date	/ /	/ /	/ /
	Type			

HEALTH COUNSELING	ENTER DATE(S), TOPIC AND GOALS		
	Date	**Topic**	**Patient Self-Management Goals**
☐ Smoking Cessation ☐ Healthy Weight ☐ Physical Activity ☐ Nutrition ☐ Condom Use/ HIV/STD Prevention ☐ Family Planning ☐ Drug Use ☐ Domestic Violence ☐ Injuries (e.g. seatbelts, falls, etc.) ☐ Folate ☐ Calcium Supplement ☐ Polypharmacy ☐ High-Risk Travel	/ /		
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*See back for BMI chart, PHQ-2, and CAGE-AID

Adapted from the U.S. Preventive Services Task Force, the Centers for Disease Control and Prevention, the National Institutes of Health, and the American Diabetes Association.

ADDITIONAL SCREENINGS AND TESTS	ENTER DATE(S) AND RESULT(S)						
	☐ STD Screen (if sexually active)			☐ Hearing		☐ HCT	
	☐ Vision			☐ Skin		☐ Thyroid Function	
	☐ Glaucoma (high-risk: Q 2 years, others: Q 3 - 4 years)			☐ Oral Cavity		☐ Rubella Titer (♀ of child-bearing age)	
	☐ Cognitive and Functional Impairment			☐ Urinalysis		☐ Prostate/Testicular Cancer	
	Date	/ /	/ /		Date	/ /	/ /
	Result				Result		
	Date	/ /	/ /		Date	/ /	/ /
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BODY MASS INDEX (BMI) FOR ADULTS

Locate height and weight range. The number at the top of the column is the BMI. Maximum healthy weight is defined as BMI < 25.

	Healthy Weight						Overweight					Obese										Extremely Obese					
BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45
	Weight in Pounds																										
4'10"	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191	196	201	205	210	215
4'11"	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	203	208	212	217	222
5'	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215	220	225	230
5'1"	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222	227	232	238
5'2"	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218	224	229	235	240	246
5'3"	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225	231	237	242	248	254
5'4"	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232	238	244	250	256	262
5'5"	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	246	252	258	264	270
5'6"	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247	253	260	266	272	278
5'7"	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255	261	268	274	280	287
5'8"	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262	269	276	282	289	295
5'9"	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	270	277	284	291	297	304
5'10"	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278	285	292	299	306	313
5'11"	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286	293	301	308	315	322
6'	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	294	302	309	316	324	331
6'1"	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302	310	318	325	333	340
6'2"	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311	319	326	334	342	350
6'3"	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319	327	335	343	351	359
6'4"	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328	336	344	353	361	369

BMI is a general measure and healthy limits may vary for some groups.
Source: National Heart, Lung and Blood Institute (www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.htm).

DEPRESSION SCREENING TOOL: Patient Health Questionnaire (PHQ-2)

Over the past 2 weeks, have you often been bothered by:

1. Little interest or pleasure in doing things? ☐ Yes ☐ No
2. Feeling down, depressed, or hopeless? ☐ Yes ☐ No

- If the patient responded **"yes"** to either question, follow-up using the PHQ-9, a nine-item, self-administered questionnaire.*

***www.depression-primarycare.org/images/pdf/phq_9_quest.pdf**

ALCOHOL AND DRUG USE SCREENING TOOL: CAGE-AID Questionnaire

1. Have you felt you ought to **Cut** down on your drinking or drug use? ☐ Yes ☐ No
2. Have people **Annoyed** you by criticizing your drinking or drug use? ☐ Yes ☐ No
3. Have you felt bad or **Guilty** about your drinking or drug use? ☐ Yes ☐ No
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover **("Eye-opener")**? ☐ Yes ☐ No

Yes to 1 or 2 questions = possible problem
Yes to 3 or 4 questions = probable dependence

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