

**Adult Pre-Visit Planner**

18-85 Years

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

PREVENTIVE SERVICES	RECOMMENDATION	Year	Year	Year	Year	Year
Snellen Vision Screen, Age 65+	Annually					
Men's/Women's Eval.	Annually					
Lipid Panel, Age 40+	Every 5 years (men>34 years and women >44 years)					
Triglycerides <i>date/level</i>		/	/	/	/	/
Total Cholesterol <i>date/level</i>		/	/	/	/	/
HDL <i>date/level</i>		/	/	/	/	/
LDL <i>date/level</i>		/	/	/	/	/
Colon Cancer Screen, Age 50-80	Flex Sig every 5 years OR colonoscopy every 10 years OR FOBT yearly					
Depression Screening	Annually/every 3 months with depression DX					
Alcohol/Tobacco Screening	Annually					
<b>IMMUNIZATIONS</b>						
Tdap	Every 10 years					
Flu	Annually					
Pneumovax	Diabetes ≥ 18 years all patients ≥ 65 years					
<b>Diabetes <input type="checkbox"/> / CAD <input type="checkbox"/></b>						
<b>HbA1c</b> <i>date/level</i>	Every 3-6 months	/	/	/	/	/
		/	/	/	/	/
		/	/	/	/	/
<b>LDL</b> <i>date/level</i>	Every 6-12 months	/	/	/	/	/
		/	/	/	/	/
		/	/	/	/	/
Microalbumin	Annually or on ACE/ARB					
Retinal Eye Exam	Annually					
Monofilament Foot Exam	Annually					
Last Diabetic Education						
<b>FEMALE</b>						
Pap (21-65 years)	Every 3 years					
Chlamydia (18-26 years)	Annually					
Mammogram (50-75 years)	Annually					
Calcium Prophylaxis Counseling (19-60, > 50 years) – DEXA scan	Annually (female)					
Asthma Action Plan (18-56 years)	Review annually & update					
Reminder Card Sent	Date:					

## WEIGHT & LIFESTYLE SELF MANAGEMENT FORM

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Record Number: \_\_\_\_\_ Phone: \_\_\_\_\_

BMI															
<b>Extreme Obesity</b>	43														
	42														
	41														
	40														
<b>Obese</b>	39														
	38														
	37														
	36														
	35														
	34														
	33														
	32														
	31														
<b>Overweight</b>	30														
	29														
	28														
	27														
	26														
<b>Healthy Weight</b>	25														
	24														
	23														
	22														
	21														
	20														
	19														
<b>Underweight</b>	18														
	17														
	16														
<b>Date</b>	15														

### Lifestyle Assessment, Counseling, Referral and Follow Up

<b>Education/Counseling:</b> Diet            Physical activity Smoking        Stress				
<b>Patient Action Plan:</b> Diet            Physical activity Smoking        Stress				
<b>Referrals:</b> Diet            Physical activity Smoking        Stress				
<b>F/U Date and Plan of Care:</b> Phone call      Office appointment				
<b>F/U Re-assessment:</b> Patient success and set backs assessed Barriers explored Goals reassessed Resources/support re-assessed Set new goal and/or resources				
<b>Date of Contact</b>				

Comments: \_\_\_\_\_

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