

Health Maintenance Form

Patient Name: _____

DOB: _____

We are in the process of updating our records.

Please take a few moments to answer the following questions.

COLONOSCOPY

Have you had a colonoscopy? Yes No Procedure date: _____

 If no, would you like us to schedule one for you? _____

MAMMOGRAM SCREENING

Have you had a mammogram screening? Yes No

Screening date: _____

 If no, would you like us to schedule one for you? _____

DEXA SCAN (Bone Density)

Have you had a Dexa Scan? Yes No Screening date: _____

 If no, would you like us to schedule one for you? _____

VISION EXAM

Are you routinely getting your eyes examined? Yes No

Date of last eye exam: _____

Eye Doctor: _____

 If not, would you like us to schedule one for you? _____

DIABETES MELLITUS EYE EXAM

Are you routinely getting your eyes examined? ___ Yes ___ No

Date of last eye exam: _____

Eye Doctor: _____

If not, would you like us to schedule one for you? _____

IMMUNIZATIONS

	YES	DATE	NO	INTERESTED IN RECEIVING THIS IMMUNIZATION?
TETANUS				
SHINGLES				
PREVNAR-13				
INFLUENZA				
PNEUMOVAX-23				