Sample Preventive Care Flow Sheet (For use with the **Targeted HRP-SF**)

Name: _____ SS#: _____ Date:_____

Check if applicable:	**Date(s) of education/counseling**:	**Check if applicable**:	**Date(s) of education/counseling**:
‘ Weight	_____ _____ _____	‘ Colorectal Cancer	_____ _____ _____
‘ Blood Pressure	_____ _____ _____	Female Only:	
‘ Cholesterol	_____ _____ _____	‘ Mammogram	_____ _____ _____
‘ Tobacco use	_____ _____ _____	‘ Pap Smear	_____ _____ _____
‘ Diabetes	_____ _____ _____	Male Only:	
‘ Immunizations	_____ _____ _____	‘ Prostate Cancer	_____ _____ _____
‘ _____	_____ _____ _____	‘ _____	_____ _____ _____

Suggested Result Codes: N=Results Normal A=Results Abnormal R=Refused P=Pending

Screening test/exam	**Freq.**		**Yr.**_____ **Age**	**Yr.**_____ **Age**	**Yr.**_____ **Age**	**Yr.**_____ **Age**	**Yr.**_____ **Age**
Weight		Date/ Result					
Blood Pressure		Date/ Result					
Cholesterol		Date/ Result					
Diabetes		Date/ Result					
Fecal Occult Blood		Date/ Result					
Sigmoidoscopy/ Colonoscopy		Date/ Result					
Mammogram (female)	q1-2yr age 50-69yr	Date/ Result					
Pap Smear (female)	q 3yr	Date/ Result					
		Date/ Result					
		Date/ Result					

Immunizations	Freq.	I.D.	Date/Site/Sig.	Date/Site/Sig.	Date/Site/Sig.	Date/Site/Sig.	Date/Site/Sig.
Tetanus	q10yr						
Influenza Vaccine	q1yr </>65						
Pneumococcal Vaccine	x1 </>65						
Hepatitis B	Series						
MMR							

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Sample Preventive Care Flow Sheet (For use with the **Comprehensive HRP-S**

Name: _____ SS#: _____ Date:_____

Check if applicable: **Date(s) of education/counseling**: **Check if applicable**: **Date(s) of education/counseling**:

‘ HRT _____ _____ _____ ‘ Alcohol/Drug Use _____ _____ _____

‘ TB infection _____ _____ _____ ‘ Injury/Accidents _____ _____ _____ ‘

Nutrition/Physical Act. _____ _____ _____ ‘ _____ _____ _____ _____

‘ Oral Health/Hygiene _____ _____ _____ ‘ _____ _____ _____ _____

‘ STD/HIV _____ _____ _____ ‘ _____ _____ _____ _____

‘ Unintended Pregnancy _____ _____ _____ ‘ _____ _____ _____ _____

‘ _____ _____ _____ _____ ‘ _____ _____ _____ _____

Suggested Result Codes: N=Results Normal A=Results Abnormal R=Refused P=Pending

Screening test/exam	Freq.		Yr._____ Age	Yr._____ Age	Yr._____ Age	Yr._____ Age	Yr._____ Age
Oral Health and Hygiene		Date/ Result					
TB infection/ P.P.D.		Date/ Result					
STD/HIV		Date/ Result					
		Date/ Result					
		Date/ Result					
		Date/ Result					
		Date/ Result					

Screening test/exam	Freq.		Yr._____ Age	Yr._____ Age	Yr._____ Age	Yr._____ Age	Yr._____ Age
		Date/ Result					
		Date/ Result					

Referrals:	Date	Result
Diabetic Education		
Nutritional Education		
Smoking Cessation Program		
Dental Examination		

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