Sample Preventive Care Flow Sheet (Use with the Self-Administered HRP **Addendum for Older Adults**)

Name: _____ SS#: _____ Date:_____

Check if applicable:	**Date(s) of education/counseling**:	**Check if applicable**:	**Date(s) of education/counseling**:
‘ Depression	_____ _____ _____	‘ Elimination	_____ _____ _____ ‘
Social Environment	_____ _____ _____	‘ Sexual Intimacy	_____ _____ _____ ‘
Safety	_____ _____ _____	‘ _____	_____ _____ _____ ‘ Cognitive
Function	_____ _____ _____	‘ _____	_____ _____ _____ ‘ ADLs
	_____ _____ _____	‘ _____	_____ _____ _____ ‘ Sensory
	_____ _____ _____	‘ _____	_____ _____ _____
‘ Nutrition	_____ _____ _____	‘ _____	_____ _____ _____

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**
Depression questionnaire		Date/ Result					
Mini Mental State Exam		Date/ Result					
Snellen acuity test		Date/ Result					
Pure-tone audiometer or audioscope		Date/ Result					
		Date/ Result					
		Date/ Result					
		Date/ Result					
		Date/ Result					

Referrals:	**Date**	**Result**
Audiological Evaluation		

Referrals:	Date	Result
Ophthalmology Evaluation		
Psychiatric Evaluation		