



PREVENTIVE HEALTH QUESTIONNAIRE AGE 25 TO 64 YEARS

NAME: _____

DATE: _____ AGE: _____ MALE FEMALE

ALL PATIENTS

1. Have you had a Tetanus / Diphtheria (dT) immunization in the last 10 years?Yes No

If yes, what year? _____ Where performed? _____

2. Are you a non-smoker?Yes No

3. Men ages 35 to 64 years and women age 45 to 64

Have you had blood cholesterol measurement in the past 5 years?Yes No

If yes, what date? _____ results: _____ Where performed? _____

MEN AND WOMEN OVER 50 YEARS

4. Have you had a Fecal Occult Blood Test (FOBT) in the last year?Yes No

If yes, what date? _____ results: _____ Where performed? _____

WOMEN ONLY

1. Have you had a PAP Test in the past 1 to 3 years?Yes No

If yes, what date? _____ results: _____ Where performed? _____

2. Women planning or capable of pregnancy

Have you been counseled on daily multivitamins with folic acid?Yes No

3. Have you had a counseling on the benefits of calcium supplementation?Yes No

4. Women over age 50

Have you had a mammogram within the past 1 to 2 years?Yes No

If yes, what date? _____ results: _____ Where performed? _____

5. Women near or at menopause

Have you been counseled regarding the risks and benefits of hormone replacement therapy? . . .Yes No

MEN ONLY

1. Men over age 50

Have you been counseled regarding the risks and benefits of prostate cancer screening?Yes No

PATIENT/GUARDIAN SIGNATURE

COMMENTS/ACTION TAKEN:

PROVIDER SIGNATURE