Adult Problem List/Preventive Health Form

CHRONIC PROBLEM LIST

Diagnosed Date	Problem	Resolved Date

ADULT PREVENTIVE HEALTH SCREENING RECORD

Health Screening	Date	Date	Date	Date	Date	Date	Date	Date	Date
Initial/Annual Health Exam									
Staying Healthy Tool (IHEBA)									
Cholesterol/LDL									
Diabetes Check									
Hemoccult									
TB Risk/Test									
Immunizations									
- TD									
- Influenza									
- Pneumovac									
- MMR									
- Hep A									
- Hep B									
Mammogram									
Pap smear									
DRE/PSA									
*AHCD offered									

* AHCD= Advance Health Care Directive Information offered adults 18years/older

Name: _____ **Last updated:** _____