



ANNUAL WELLNESS REPORT FEMALE

Please fill in information requested prior to your office visit. Incomplete items will be ordered unless you refuse by writing your initials

PATIENT NAME _____ CHART # _____ DATE _____

HEALTH GUIDELINES	DATE COMPLETED	DATE ORDERED	REFUSED (Pt Initials)
1. When was your last Physical (Yearly) - This visit is focused on identifying your risk factors for serious chronic illnesses such as diabetes, heart disease and high cholesterol			
2. When did you stop smoking - Smoking is associated with an increased occurrence of heart disease and many cancers			
3. How many packs do you/did you smoke per day? _____ / For how many years ? _____ Multiply the two numbers to get your average pack years which helps to determine your risk classification even after you stop smoking	_____ pack yrs		
4. When would you like to stop smoking (Write a date)			
5. When was your last Pap/Pelvic exam every (1-2 years) - This is designed to identify cancer of the cervix, vagina and womb along with other pelvic diseases. A pap test is required if there is a cervix or a history of cancer. A pelvic exam will suffice otherwise.			
6. When was your last Clinical Breast Exam (Yearly) - This allows early detection of Breast Cancer .			
7. When was your last Body Mass Index (BMI) calculated - Obesity is a BMI more than 30. It is associated with reduced life expectancy, heart disease, cancer, and diabetes. P128			
8. When was your last Waist Measurement (Yearly) - Men more than 35 inches and Women More than 30 inches have an increased risk of cardiac disease.			
9. When was your last BP check (Yearly) - Pre hypertension is 130/80 Hypertension is 140/90 on 3 occasions. Untreated, there is a High Risk of strokes and heart disease			
10. When was your last Cholesterol check (We advice yearly M/care 5yrs) - To detect changes in cholesterol panel that increase risk of strokes or heart disease			
11. When was your last CBC , Chemistry Panel, Glucose (We advice Yearly) - Check for anemia, kidney function, liver function and blood sugar			
12. When was your last Fecal Occult Blood Test (Yearly) - To detect colon cancer early P113			
13. When was your last EKG (We advice Yearly after age 40yrs M/care once) Early detection of heart changes not felt by you			
14. When was your last Diptheria Tetanus Pertussis Vaccine (Once between 18 and 65 yrs) Protects against tetanus as well as whooping cough			
15. When was your last flu vaccine (Yearly) P110 - Protects against severe influenza and its complication which include death			
16. When did you complete Hepatitis B Vaccine Series - Vaccine protects against liver disease which can lead to liver failure			
17. When was your last Pneumonia Vaccine (once after age 65yrs, - Those with heart disease COPD etc (may need it every 5yrs) Protects against severe pneumonia and its complications P111			
18. When was your last Tetanus vaccine (Every 10 yrs) - Vaccine protects against Lock Jaw and paralysis			
19. When did you receive the Zostavax vaccine ? (Once after age 60yrs) - Vaccine protects against painful syndrome associated with shingles			
20. When was your last Mammogram (Yearly after age 40 yrs) - To detect breast cancer early P112			
21. When was your last Bone Density (Every 2yrs after menopause) - Osteoporosis increases risk of hip and back fractures which can lead to disability or death			
22. When was your last Colonoscopy or Sigmoidoscopy (every 3-10 yrs after age 50yrs if negative family hx). Done to detect colon cancer early P113			
23. When was your last hearing exam (Every 2 yrs) - Hearing Loss reduces your safety			
24. When was your last Eye exam (Every 2 yrs) - Vision Loss reduces your safety			

REVIEWED WITH PROVIDER: _____ DATE _____