

PISGAH FAMILY HEALTH

Health Screening Checklist

Name: _____ Date: _____ Age: _____

Complete all questions up to your current age.

All Ages

When was your last Physical Exam? _____ Eye exam _____ Dental Exam _____

Women: When was your last pap smear? _____ Any Abnormal results? _____

When was your last Tetanus Shot? _____

Do you take a multivitamin? _____ Women: with folic acid? _____

How much tobacco do you use? _____ How much alcohol do you use? _____

How often do you exercise? _____ How often do you eat fast food? _____

How much weight do you need to lose? _____

How do you prevent pregnancy? _____ How do you prevent sexual infections? _____

How often do you wear seat belts? _____

Age Over 40

When was your last cholesterol test? _____ Result _____

Do you take a daily aspirin? _____

Women: Do you take Calcium and Vitamin D? _____

Women: When was your last mammogram? _____ Any Abnormal results? _____

Age Over 50

Do you get the Flu Shot each Fall? _____

Have you had the Pneumonia vaccine? _____

When was your last colonoscopy or sigmoidoscopy? _____ Any Abnormal results? _____

Men: When was your last prostate exam and PSA? _____

Women: When was your last Bone Density Test? _____ Do you have Osteoporosis? _____