

Visit Date:		Provider:		Height/Weight BMI Value:	
<b>Patient Information</b>					
Last Name:		First Name:		DOB:	
<b>Last Primary Care Visit</b>					
Primary Care Provider Name:		Date of Last Visit:			
<b>Tobacco Status</b>					
Current tobacco user? (any type)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Staff Use Only:</b> If yes, was tobacco cessation intervention or education performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Colorectal Cancer Screening: Patients aged 45 to 75 years</b>					
Do you have a history of a total colectomy or colorectal cancer? <i>If yes, skip to fall question/section</i>	<input type="checkbox"/> Yes, Provider: _____ <input type="checkbox"/> No				
Have you had a Fecal occult blood test (FOBT) this year (2023)?	<input type="checkbox"/> Yes, Provider: _____ <input type="checkbox"/> No				
Have you had a Flexible sigmoidoscopy this year or in the last four years (2019 – 2023)?	<input type="checkbox"/> Yes, Provider: _____ <input type="checkbox"/> No				
Have you had a Colonoscopy this year or in the nine years prior (2013 – 2023)?	<input type="checkbox"/> Yes, Provider: _____ <input type="checkbox"/> No				
Have you had a FIT-DNA this year or in the past two years (2021 - 2023)?	<input type="checkbox"/> Yes, Provider: _____ <input type="checkbox"/> No				
Have you had a CT Colonography this year or in the past four years (2019 – 2023)?	<input type="checkbox"/> Yes, Provider: _____ <input type="checkbox"/> No				
<b>Falls: Plan of Care: 65 years and Older</b>					
Have you had a fall or recurrent falls in the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Female Patients aged 51 – 74: Breast CA Screening</b>					
Have you had a bilateral mastectomy? <i>If yes, skip to Cervical questions/section</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you had a Mammograms during the last 27 months?	<input type="checkbox"/> Yes, Date: _____ Provider: _____ <input type="checkbox"/> No				
<b>Female Patients aged 21 – 64: Cervical CA Screening</b>					
Have you had a hysterectomy with no residual cervix or a congenital absence of cervix? <i>If yes, skip to Diabetes Screening questions/section</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Women aged 21-64: Have you had cervical cytology performed within the last 3 years?	<input type="checkbox"/> Yes, Provider: _____ <input type="checkbox"/> No				
Women aged 30-64: Have you had cervical human papillomavirus (HPV) testing performed within the last 5 years?	<input type="checkbox"/> Yes, Provider: _____ <input type="checkbox"/> No				
<b>Diabetic Patients Only 18 – 75 years old</b>					
<b>Diabetic Eye Exam:</b> Have you had a diabetic retinal or dilated eye exam by an eye care professional this year 2023?	<input type="checkbox"/> Yes, Date: _____ Provider: _____ <input type="checkbox"/> No				
<b>Staff Use Only: Diabetes: Medical Attention for Nephropathy:</b> Has the patient had a screening for nephropathy or evidence of nephropathy during 2023?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, send for referral to provider that can complete screening				
<b>Staff Use Only: Diabetes HgBA1C poor Control, Goal &lt; 9%</b>					
<input type="checkbox"/> HgbA1C level (must be performed in 2023): _____					
If no HgbA1C completed in 2023, was one ordered on date of visit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refer to primary care					