AmeriHealth

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PREVENTIVE HEALTH TRACKING FORM*— Adults

Patient's Name ______________________________ Gender: Sex: M / F

Patient's Number ____________ Date of First Visit ____________ Date of Birth ____________

ALLERGIES/ADVERSE REACTIONS

DATE:				
EXAMINATION/SCREENING				
History and Physical				
Blood Pressure (Goal ____________)				
Height				
Weight/BMI (Goal ____________)				
Cholesterol Screening▼ (Goal ____________)				
Diabetes Screening▼ (Goal ____________)				
Colorectal Screening▲ (Goal ____________)				
Depression/Suicide Risk/Eating Disorder Risk				
HIV/STDs (e.g., chlamydia/gonorrhea)				
Environmental & Occupational Screening (e.g., ergonomics)				
Tobacco/Alcohol/Drug Use				
Hearing/Vision (Glaucoma as appropriate)▼				
FEMALES ONLY				
Pap				
Pelvic Exam				
Mammogram				
Clinical Breast Exam (CBE)				
Menopausal Signs and Symptoms (as appropriate)▼				
Bone Density Screening (as appropriate)▼				
MALES ONLY				
Prostate Screening Discussion				
Abdominal Aortic Aneurysm per USPSTF Recommendations				
HEALTH EDUCATION/DISCUSSION TOPICS				
Proper Nutrition/Physical Activity/Weight Management				
Medication Safety/Contraindications				
Cancer Risk Assessment				
Safety Concerns (e.g., smoke detector, seat belts)				
Environmental Hazards and Occupational Risks				
Risk of Violence/Signs of Abuse or Neglect				
Birth Control/Family Planning (as appropriate)				
Breast Self-Exam (BSE) (Discuss Benefits and Limitations)				
Bowel/Bladder Patterns/Schedule/Concerns				
Living Will/Advanced Directives				
Stress Reduction/Sleep Concerns/Feelings of Sadness				
Proper Dental Care				

FOR ADDITIONAL INFORMATION AND THE ACIP RECOMMENDED IMMUNIZATION SCHEDULE, REFER TO THE CDC'S WEB SITE AT http://www.cdc.gov/nip.		
Td: Tetanus/Diphtheria or Tdap	Every 10 Years	
Influenza (Flu)	Annually	≥50 years old and anyone at high risk
PCV: Pneumococcal	❑ Once	≥65 years old (<65 for high-risk members)
	❑ 2nd dose	Second dose of vaccine only if patient received vaccine more than 5 years ago *and* was younger than 65 years old at the time of the vaccine.
Practitioner Initials		

*Refer to Plan-adopted Preventive Health Guidelines for reference listings at www.amerihealth.com

▼Assess for individual screening risk and frequency needs.

▲FOBT, single stool sample, is not adequate as a sole screening test for colorectal cancer.

A = Assessed P = Poor F = Fair G = Good C = Counseled

R = Refused N = Normal Result AB = Abnormal Result E = Done Elsewhere

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PREVENTIVE HEALTH TRACKING FORM*— Adults ≥ 65

Patient's Name ______________________________ Gender: Sex: M / F

Patient's Number ______________ Date of First Visit ______________ Date of Birth ______________

ALLERGIES/ADVERSE REACTIONS

DATE:				
EXAMINATION/SCREENING				
History and Physical				
Blood Pressure (Goal ______________)				
Height				
Weight/BMI (Goal ______________)				
Cholesterol Screening▼ (Goal ______________)				
Diabetes Screening▼ (Goal ______________)				
Colorectal Screening▲				
Depression/Suicide Risk/Eating Disorder Risk				
HIV/STDs (e.g., chlamydia/gonorrhea)				
Environmental & Occupational Screening (e.g., ergonomics)				
Tobacco/Alcohol/Drug Use				
Hearing/Vision (Glaucoma as appropriate)▼				
Bone Density Screening (as appropriate)▼				
FEMALES ONLY				
Pap				
Pelvic Exam				
Mammogram				
Clinical Breast Exam (CBE)				
Menopausal Signs and Symptoms (as appropriate)▼				
MALES ONLY				
Prostate Screening Discussion				
Abdominal Aortic Aneurysm per USPSTF Recommendations				
HEALTH EDUCATION/DISCUSSION TOPICS				
Proper Nutrition/Physical Activity/Weight Management				
Medication Safety/Contraindications				
Cancer Risk Assessment				
Safety Concerns (e.g., smoke detector, seat belts)				
Environmental Hazards and Occupational Risks				
Risk of Violence/Signs of Abuse or Neglect				
Breast Self-Exam (BSE) (Discuss Benefits and Limitations)				
Bowel/Bladder Patterns/Schedule/Concerns				
Living Will/Advanced Directives				
Stress Reduction/Sleep Concerns/Feelings of Sadness				
Proper Dental Care				

FOR ADDITIONAL INFORMATION AND THE ACIP RECOMMENDED IMMUNIZATION SCHEDULE, REFER TO THE CDC'S WEB SITE AT http://www.cdc.gov/nip.		
Td: Tetanus/Diphtheria or Tdap	Every 10 Years	
Influenza (Flu)	Annually	≥50 years old and anyone at high risk
PCV: Pneumococcal	❑ Once	≥65 years old (<65 for high-risk members)
	❑ 2nd dose	Second dose of vaccine only if patient received vaccine more than 5 years ago *and* was younger than 65 years old at the time of the vaccine.
Practitioner Initials		

*Refer to Plan-adopted Preventive Health Guidelines for reference listings at www.amerihealth.com

▼Assess for individual screening risk and frequency needs.

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