

### Adult Preventive Health\* Flow Sheet

Patient Information	
<b>Name</b>	<b>ID Number</b>
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth</b>
<b>Allergies</b>	

Type of Result	N – Normal		A – Abnormal		R – Refused		P – Pending			
<b>Male/Female Screening</b>	<b>Date</b>	<b>Result</b>	<b>Date</b>	<b>Result</b>	<b>Date</b>	<b>Result</b>	<b>Date</b>	<b>Result</b>	<b>Date</b>	<b>Result</b>
Cholesterol										
Colorectal Cancer Hemoccult/Colonoscopy										
Diabetes – HgbA1C										
Diabetes – Retinal Eye Exam										
Diabetes – Urine Albumin or Protein										
Hearing										
Vision										
BMI										
<b>Female Screening Only</b>	<b>Date</b>	<b>Result</b>	<b>Date</b>	<b>Result</b>	<b>Date</b>	<b>Result</b>	<b>Date</b>	<b>Result</b>	<b>Date</b>	<b>Result</b>
Bone Density (Age ≥ 60)										
Mammogram (Age ≥ 50)**										
Chlamydia (Ages 16 – 24) Urine/Endocervical										
Pelvic/Pap (Ages 21 – 65)										
<b>Male Screening Only</b>	<b>Date</b>	<b>Result</b>	<b>Date</b>	<b>Result</b>	<b>Date</b>	<b>Result</b>	<b>Date</b>	<b>Result</b>	<b>Date</b>	<b>Result</b>
Abd. Aortic Aneurysm (Age ≥ 65)										
PSA										

<b>Immunizations</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Notes</b>
Hepatitis A (2-3 doses)				
Hepatitis B (3 doses)				
HiB (1-3 doses)				
HPV (3 doses ≤ age 26)				
Influenza (Annually)				
Meningococcal (1-3 doses depending on vaccine)				
MMR (1 or 2 doses)				
Pneumococcal (1 – 2 doses)				
Tetanus/Diphtheria (every 10 years)				
Varicella (2 doses)				
Zoster (1 dose ≥ 60)				

\* Adult Preventive Health guidelines can be viewed on the company website, bcbst.com.  
 Payment of benefits remains subject to all benefit plan terms, conditions, applicable limits, exclusions and the member's eligibility for benefits at the time services are rendered.  
 \*\* Talk to your patients ages 40–49 about need for mammograms.