

# 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:** Do you take Calcium? \_\_\_\_\_ Vitamin D? \_\_\_\_\_ Folic acid? \_\_\_\_\_ Iron? \_\_\_\_\_

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? \_\_\_\_\_

When was your last cholesterol test? \_\_\_\_\_ Result \_\_\_\_\_

### Ages 40-100

**Women:** When was your last mammogram? \_\_\_\_\_ Any Abnormal results? \_\_\_\_\_

### Ages 50-100

Do you take a daily aspirin? \_\_\_\_\_

Do you get the Flu Shot each Fall? \_\_\_\_\_

Have you had the Shingles vaccine? \_\_\_\_\_ 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? \_\_\_\_\_