

ADULT PREVENTIVE AND CHRONIC CARE FLOWSHEET

6. FAMILY HISTORY (M = Mother, F = Father, S = Sibling, MGM = Maternal Grandmother, MGF = Maternal Grandfather, PGM = Paternal Grandmother, PGF = Paternal Grandfather)

a. CANCER (Specify)

b. CARDIOVASCULAR DISEASE (Specify)

c. DIABETES (Specify)

d. MENTAL ILLNESS/CHEMICAL DEPENDENCY (Specify)

7. SCREENING EXAMS (* = Actual Result, ** = Tricare Benefit, N = Normal, X = Abnormal, E = Done Elsewhere, R = Refused, NA = Not Indicated) (● = Next Due)

a. TEST	b. FREQUENCY	c. YEAR		e. DATES						
		d. AGE								
(1) CLINICAL DISEASE PREV EVAL/PHA (HEAR)	ANNUAL			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* (2) WEIGHT	ANNUAL FOR ACTIVE DUTY			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* (3) HEIGHT	ANNUAL FOR ACTIVE DUTY			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* (4) BLOOD PRESSURE	ONCE q 2 YRS FOR BP < 130/85, ANNUAL IF GREATER			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* (5) CHOLESTEROL**	q 5 YRS FOR AGE ≥ 18 q YR IF PREV ABN			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) HEARING	CLINICIAN'S DISCRETION			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) SKIN EXAM (Cancer)	ANNUAL IF AT RISK			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(8) ORAL/DENTAL**	ANNUAL			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(9) EYE/VISION**	ROUTINE ACUITY WITH PERIODIC ASSESSMENT DIABETES ANNUALLY GLAUCOMA CHECK: Blacks q 3-5 yrs age 20-39 All q 2-4 yrs age 40-64			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(10) BREAST EXAM	ANNUAL: > 40 YRS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(11) MAMMOGRAM**	BASELINE @40, q 2 YRS 40-50, ANNUALLY > 50			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(12) PAP ** (Digital Rectal Exam)	BASELINE: AGE 18 OR ONSET OF SEXUAL ACTIVITY AFTER 3 NL ANNUAL EXAMS, PERFORM q 1-3 YEARS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(13) FECAL OCCULT BLOOD	ANNUAL: > 50 YRS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(14) SIGMOID	EVERY 3-5 YRS: > 50 YRS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(15) COLONOSCOPY**	HIGH RISK q 5 YRS: > 40 YRS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(16) TESTICULAR**	HIGH RISK ANNUAL 13-39 YRS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(17) PROSTATE** ** (Digital Rectal Exam)	WITH P.E. ≥ 40 YRS (Presently recommended annually)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(18) RUBELLA SCREEN (Females)	ONCE BETWEEN AGES 12-18 YRS (Unless prev vaccinated)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(19) OCCUPATIONAL SCREENING EXAMS	APPROPRIATE TO EXPOSURES			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(20)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(21)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(22)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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8. OCCUPATIONAL HISTORY/RISK

a. PRP	YES	NO
b. FLYING STATUS	YES	NO

9. IMMUNIZATIONS *(Enter numeric class in sub block)*

(1) IMMUNIZATION	(2) DATE (DDMMYYYY)	(1) IMMUNIZATION	(2) DATE (DDMMYYYY)	(1) IMMUNIZATION	(2) DATE (DDMMYYYY)	(1) IMMUNIZATION	(2) DATE (DDMMYYYY)
a. HEP A #1		f. MMR #1		j. TD (q 10 yrs) (Last)			
b. HEP A #2		g. MMR #2		k. TD (Due)			
c. HEP B #1		h. PNEUMOCOCCUS		l. YELLOW FEVER (Last)			
d. HEP B #2		i. POLIO OPV = 0 IPV = 1		m. YELLOW FEVER (Due)			
e. HEP B #3							
n. TYPHOID <i>(Enter numeric class in sub block)</i> ORAL = 0 TYPHUM VI = 1, TYPHOID USP = 2		(1) DATE	(2) DATE	(3) DATE	(4) DATE	(5) DATE	(6) DATE
o. ANTHRAX	(1) INITIAL DATE	(2) 2 WEEK DATE	(3) 4 WEEK DATE	(4) 6 MONTH DATE	(5) 12 MONTH DATE	(6) 18 MONTH DATE	
p. PPD <i>(Enter mm and date)</i>	(1)(a) mm	(2)(a) mm	(3)(a) mm	(4)(a) mm	(5)(a) mm	(6)(a) mm	(7)(a) mm
	(b) DATE	(b) DATE	(b) DATE	(b) DATE	(b) DATE	(b) DATE	(b) DATE
q. INFLUENZA	(1) DATE	(2) DATE	(3) DATE	(4) DATE	(5) DATE	(6) DATE	(7) DATE
r. VARICELLA	(1) DATE	(2) DATE	u. JAPANESE B ENCEPHALITIS	(1) DATE	(2) DATE	(3) DATE	(4) DATE
s. MENINGO	(1) DATE	(2) DATE	v. OTHER <i>(Specify)</i>	(1) DATE	(2) DATE	(3) DATE	
t. ADENO	(1) DATE	(2) DATE	w. OTHER <i>(Specify)</i>	(1) DATE	(2) DATE	(3) DATE	

10. READINESS * *(Glucose-6-phosphate dehydrogenasa)*

a. DNA	DATE:	b. BLOOD TYPE	DATE:	RESULT:	c. G6PD*	DATE:	RESULT:	d. SICKLE CELL	DATE:	RESULT:
e. PERMANENT PROFILE CHANGE	(1) DATE	(2) P:	(3) U:	(4) L:	(5) H:	(6) E:	(7) S:			
f. GLASSES/GAS MASK Rx:	(1) DATE	(2) DATE	(3) DATE	(4) DATE	(5) DATE	(6) DATE				
g. DENTAL EXAM <i>(Enter numeric class in sub block)</i>	(1) DATE	(2) DATE	(3) DATE	(4) DATE	(5) DATE	(6) DATE				
h. HIV TESTING	(1) DATE	(2) DATE	(3) DATE	(4) DATE	(5) DATE	(6) DATE				
i. FITNESS <i>(In sub block enter P=Pass, F=Fail, W=Waiver)</i>	(1) DATE	(2) DATE	(3) DATE	(4) DATE	(5) DATE	(6) DATE				
	(1) DATE	(2) DATE	(3) DATE	(4) DATE	(5) DATE	(6) DATE				
	(1) DATE	(2) DATE	(3) DATE	(4) DATE	(5) DATE	(6) DATE				

11. PRE/POST DEPLOYMENT HISTORY

a. LOCATION						
(1) PREDEPLOYMENT	(a) DATE	(b) DATE	(c) DATE	(d) DATE	(e) DATE	(f) DATE
(2) POSTDEPLOYMENT	(a) DATE	(b) DATE	(c) DATE	(d) DATE	(e) DATE	(f) DATE
b. LOCATION						
(1) PREDEPLOYMENT	(a) DATE	(b) DATE	(c) DATE	(d) DATE	(e) DATE	(f) DATE
(2) POSTDEPLOYMENT	(a) DATE	(b) DATE	(c) DATE	(d) DATE	(e) DATE	(f) DATE
c. CHART AUDIT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

