CHRONIC MEDICAL PROBLEMS	ICD -9

PROCEDURES / SURGERIES	Year

ADVANCE DIRECTIVES - ☐ on chart
Information offered - date:____/____/____ ☐ accepted ☐ declined
Discussion – Date:____/____/____ Date:____/____/____

		Year					
SCREENINGS	Lipids						
	Osteoporosis						
	Pap Smear						
	Mammogram						
	Colon						
	Prostate						
Other							
	PPD						

IMMUNIZATIONS – *month/year*						
Flu						
Td (q10 yrs)			
Herpes Zoster > 60			
Pneumovax			

Order Date	MEDICATIONS Maintenance / Prescription	Dose	Freq	D/C Date

ALLERGIES:

Patient Name: ________________________________

Date of Birth: ____/____/____

HEALTH PROFILE - Adult