

Name: \_\_\_\_\_

e-mail address: \_\_\_\_\_

**PREVENTIVE CARE**

	<b><u>Age 40-50</u></b>	<b><u>Age 50-65</u></b>	<b><u>Age &gt;65</u></b>
	<b>Date Done</b>	<b>Date Done</b>	<b>Date Done</b>
<b><u>Physical</u></b> (Fisico)	_____	_____	_____
<b><u>EKG</u></b> (Electrocardiograma)	_____	_____	_____
<b><u>Blood Tests</u></b> ( analisis de sangre)	_____	_____	_____
<b><u>Depression Screen</u></b> (depression)	_____	_____	_____
<b><u>Flu Shot</u></b> (vacuna contra la gripe)	_____	_____	_____
<b><u>Colonoscopy</u></b> (Colonoscopia)		_____	_____
<b><u>Pneumonia Shot</u></b>			_____
<b><u>Pevnar 2<sup>nd</sup> Pneumonia</u></b>			_____
<b><u>Shingles</u></b>			_____
<b><u>Fall Screen</u></b>			_____
<b><u>Advanced Care &gt;65</u></b>			_____

**Women**

<b><u>Mammogram</u></b> (mammografia)	_____	_____	_____
<b><u>PAP Smear</u></b> (Papanicalaou)	_____	_____	_____
<b><u>Bone Density</u></b> (densidad osea)		_____	_____

**Diabetics**

<b><u>A1C</u></b>	_____	_____	_____
<b><u>Urine for Microalbumin</u></b>	_____	_____	_____
<b><u>Foot Exam</u></b>	_____	_____	_____
<b><u>Eye Exam</u></b>	_____	_____	_____