

Child Preventive Care Flow Sheet

PATIENT NAME _____
 DOB ____/____/____

**Put Prevention
 Into Practice**

DATE																				
HEALTH GUIDELINES		NB	2M	4M	6M	9M	12M	15M	18M	2Y	3Y	4Y	5Y	6Y	7Y	8Y	9Y	10Y	11Y	12Y
Abuse																				
Drugs/alcohol																				
Fluoride																				
HIV/AIDS																				
Injuries & poisons																				
Nutrition																				
Oral/dental health																				
Physical activity																				
Tobacco																				
UV exposure																				
Violence & guns																				
✓ = Discussed w/ patient																				

EXAMINATION & TESTS		NB	2M	4M	6M	9M	12M	15M	18M	2Y	3Y	4Y	5Y	6Y	7Y	8Y	9Y	10Y	11Y	12Y
Height, weight, % on GC	Each visit																			
Head circ., % on GC	0, 2, 4, 6, 9, 12, 15, 18m, 2, 3y																			
Hearing/vision	0-3m, 6-12m, 3-5y																			
Hemoglobin or Hct	6-12m, 5y																			
Lead screen	12m, 5y, & high risk																			
Well visit with BP	3-6y (annual), 6-12y (q2y)																			
Urinalysis for bacteria	Once before 5y																			
Cholesterol/lipid profile	High risk																			
Tb skin test	12m, 5y, annual for high risk																			
T4/TSH, phenylalanine	3-6 days																			
Sickle cell screen	6m for high risk																			

IMMUNIZATIONS		NB	2M	4M	6M	9M	12M	15M	18M	2Y	3Y	4Y	5Y	6Y	7Y	8Y	9Y	10Y	11Y	12Y
Polio	2, 4, 6-18m, 4-6y																			
DtaP	2, 4, 6, 15-18m, 4-6y																			
MMR	12-15m, 4-6y																			
Comvax	2, 4, 12m																			
Hib	2, 4, 6m, 12-15m																			
Hepatitis B	2, 4-6, 9-18m																			
Varicella	12-18m																			
Influenza	Annual for high risk																			
Pneumovax	High risk																			
dT	11-12y																			

O = Ordered, N = Normal, A = Abnormal Result, R = Refused, E = Done Elsewhere

Adult Female Age 13 to 30 Preventive Care Flow Sheet

PATIENT NAME _____
 DOB ____/____/____

**Put Prevention
 Into Practice**

DATE		13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
HEALTH GUIDELINES																			
Abuse																			
Breast self-exam																			
Dental health																			
Drugs/alcohol																			
Folate																			
HIV/AIDS																			
Injuries																			
Mental health/depression																			
Nutrition																			
Occupational health																			
Physical activity																			
Sexual behavior																			
Tobacco																			
UV exposure																			
Violence & guns																			
✓ = Discussed w/ patient																			

EXAMINATION & TESTS		13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Height, weight	Each visit																		
Blood pressure	Each visit, at least q2y																		
Skin, oral, thyroid exam	<40 q3y																		
Pelvic/PAP	Annual if sexually active																		
STD screening	Sexually active																		
Breast exam	Annual																		
Hemoglobin/hematocrit	Once before 20y																		
Cholesterol/lipid profile	q5y after 20y																		
Glucose, fasting	q5y after 20y																		
Tb skin test	High risk: annual																		

IMMUNIZATIONS		13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
MMR	If not given before																		
dT	11-12y and q10y																		
Influenza	Annual for high risk																		
Pneumovax	High risk																		
Hepatitis B	High risk																		
Varicella	If not given																		

O = Ordered, N = Normal, A = Abnormal Result, R = Refused, E = Done Elsewhere

Adult Female Age 31 to 49 Preventive Care Flow Sheet

PATIENT NAME _____
 DOB ____/____/____

**Put Prevention
 Into Practice**

DATE		31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
HEALTH GUIDELINES																				
Abuse																				
Breast self-exam																				
Dental health																				
Drugs/alcohol																				
Estrogen																				
Folate																				
HIV/AIDS																				
Injuries																				
Mental health/depression																				
Nutrition																				
Occupational health																				
Physical activity																				
Sexual behavior																				
Tobacco																				
UV exposure																				
Violence & guns																				
✓ = Discussed w/ patient																				

EXAMINATION & TESTS		31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
Height, weight	Each visit																			
Blood pressure	Each visit, at least q2y																			
Skin, oral, thyroid exam	<40y: q3y, >40y: annual																			
Pelvic/PAP	Annual																			
STD screening	Sexually active																			
Rectal exam	Low risk: annual >40y																			
Hemoccult of stool	Annual >50y																			
Breast exam	Annual																			
Mammogram	35-39y, >40 q2y																			
Flexible sigmoidoscopy	Low risk: >50y q5y																			
Cholesterol/lipid profile	q5y																			
Glucose, fasting	q5y																			
Urinalysis	q5y																			
Tb skin test	High risk: annual																			

IMMUNIZATIONS		31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
dT	q10y																			
Influenza	Annual for high risk or >65																			
Pneumovax	>65 or high risk																			
Hepatitis B	High risk																			

O = Ordered, N = Normal, A = Abnormal Result, R = Refused, E = Done Elsewhere

Adult Female Age 50 to 68 Preventive Care Flow Sheet

PATIENT NAME _____
 DOB ____/____/____

**Put Prevention
 Into Practice**

DATE		50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68
HEALTH GUIDELINES																				
Abuse																				
Advance directives																				
Breast self-exam																				
Calcium																				
Dental health																				
Drugs/alcohol																				
Estrogen																				
HIV/AIDS																				
Injuries																				
Mental health/depression																				
Nutrition																				
Occupational health																				
Physical activity																				
Sexual behavior																				
Tobacco																				
UV exposure																				
Violence & guns																				
✓ = Discussed w/ patient																				

EXAMINATION & TESTS		50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68
Height, weight	Each visit																			
Blood pressure	Each visit, at least q2y																			
Skin, oral, thyroid exam	<40y: q3y, >40y: annual																			
Pelvic/PAP	Annual if sexually active																			
STD screening	Sexually active																			
Rectal exam	Low risk: annual >40y																			
Hemoccult of stool	Annual >50y																			
Breast exam	Annual																			
Mammogram	Annual																			
Flexible sigmoidoscopy	Low risk: >50y q5y																			
Vision, glaucoma screen	<65: q4y; >65: q2y																			
Cholesterol/lipid profile	q5y																			
Glucose, fasting	q5y																			
Urinalysis	q5y																			
Tb skin test	High risk: annual																			

IMMUNIZATIONS		50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68
dT	q10y																			
Influenza	Annual for high risk or >65y																			
Pneumovax	>65y or high risk																			
Hepatitis B	High risk																			

O = Ordered, N = Normal, A = Abnormal Result, R = Refused, E = Done Elsewhere

Adult Female Over 65 Preventive Care Flow Sheet

PATIENT NAME _____
 DOB ____/____/____

Put Prevention
Into Practice

DATE																				
HEALTH GUIDELINES		AGE																		
Abuse																				
Advance directives																				
Breast self-exam																				
Calcium																				
Dental health																				
Drugs/alcohol																				
Estrogen																				
HIV/AIDS																				
Injuries																				
Mental health/depression																				
Nutrition																				
Occupational health																				
Physical activity																				
Sexual behavior																				
Tobacco																				
UV exposure																				
Violence & guns																				
✓ = Discussed w/ patient																				

EXAMINATION & TESTS																				
Height, weight	Each visit																			
Blood pressure	Each visit, at least q2y																			
Skin, oral, thyroid exam	<40y: q3y, >40y: annual																			
Pelvic/PAP	Annual if sexually active																			
STD screening	Sexually active																			
Rectal exam	Low risk: annual >40y																			
Hemoccult of stool	Annual >50y																			
Breast exam	Annual																			
Mammogram	Annual																			
Flexible sigmoidoscopy	Low risk: >50y q5y																			
Vision, glaucoma screen	<65: q4y, >65: q2y																			
Cholesterol/lipid profile	q5y																			
Glucose, fasting	q5y																			
Urinalysis	q5y																			
Tb Skin Test	High risk: annual																			

IMMUNIZATIONS																				
dT	q10y																			
Influenza	Annual >65y																			
Pneumovax	>65y																			
Hepatitis B	High risk																			

O = Ordered, N = Normal, A = Abnormal Result, R = Refused, E = Done Elsewhere

Adult Male Age 13 to 30 Preventive Care Flow Sheet

PATIENT NAME _____
 DOB ____/____/____

**Put Prevention
 Into Practice**

DATE		13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
HEALTH GUIDELINES																			
Abuse																			
Dental health																			
Drugs/alcohol																			
HIV/AIDS																			
Injuries																			
Mental health/depression																			
Nutrition																			
Occupational health																			
Physical activity																			
Sexual behavior																			
Testicular self-exam																			
Tobacco																			
UV exposure																			
Violence & guns																			
✓ = Discussed w/ patient																			

EXAMINATION & TESTS		13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Height, weight	Each visit																		
Blood pressure	Each visit, at least q2y																		
Testicular exam	q3y																		
STD screening	Sexually active																		
Hemoglobin/hematocrit	Once before 20y																		
Cholesterol/lipid Profile	q5y after 20y																		
Glucose, fasting	q5y after 20y																		
Tb skin test	High risk: annual																		

IMMUNIZATIONS		13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
MMR	If not given before																		
dT	11-12y and q10y																		
Influenza	Annual for high risk																		
Pneumovax	High risk																		
Hepatitis B	High risk																		
Varicella	If not given																		

O = Ordered, N = Normal, A = Abnormal Result, R = Refused, E = Done Elsewhere

Adult Male Age 31 to 49 Preventive Care Flow Sheet

PATIENT NAME _____
 DOB ____/____/____

**Put Prevention
 Into Practice**

DATE		31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
HEALTH GUIDELINES																				
Abuse																				
Aspirin																				
Dental health																				
Drugs/alcohol																				
HIV/AIDS																				
Injuries																				
Mental health/depression																				
Nutrition																				
Occupational health																				
Physical activity																				
Sexual behavior																				
Testicular self-exam																				
Tobacco																				
UV exposure																				
Violence & guns																				
✓ = Discussed w/ patient																				

EXAMINATION & TESTS		31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
Height, weight	Each visit																			
Blood pressure	Each visit, at least q2y																			
Skin, oral, thyroid exam	<40y: q3y, >40y: annual																			
Rectal/prostate exam	Low risk: annual >40y																			
Hemoccult of stool	Low risk: annual >50																			
Testicular exam	q3y																			
STD screening	Sexually active																			
Flexible sigmoidoscopy	Low risk: >50y q5y																			
Vision, glaucoma screen	<65y: q4y, >65y: q2y																			
Cholesterol/lipid profile	q5y																			
Glucose, fasting	q5y																			
Tb Skin Test	High risk: annual																			
PSA	FH-: qy >50, FH+: qy >40																			

IMMUNIZATIONS		31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
dT	q10y																			
Influenza	Annual for high risk or >65																			
Pneumovax	>65 or high risk																			
Hepatitis B	High risk																			

O = Ordered, N = Normal, A = Abnormal Result, R = Refused, E = Done Elsewhere

Adult Male Age 50 to 68 Preventive Care Flow Sheet

PATIENT NAME _____
 DOB ____/____/____

**Put Prevention
 Into Practice**

DATE		50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68
HEALTH GUIDELINES																				
Abuse																				
Advance directives																				
Aspirin																				
Dental health																				
Drugs/alcohol																				
HIV/AIDS																				
Injuries																				
Mental health/depression																				
Nutrition																				
Occupational health																				
Physical activity																				
Sexual behavior																				
Testicular self-exam																				
Tobacco																				
UV exposure																				
Violence & guns																				
✓ = Discussed w/ patient																				

EXAMINATION & TESTS		50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68
Height, weight	Each visit																			
Blood pressure	Each visit, at least q2y																			
Skin, oral, thyroid exam	<40y: q3y, >40y: annual																			
Rectal/prostate exam	Low risk: annual >40y																			
Hemoccult of stool	Low risk: annual >50																			
Testicular exam	q3y																			
STD screening	Sexually active																			
Flexible sigmoidoscopy	Low risk: >50y q5y																			
Vision, glaucoma screen	<65y: q4y, >65y: q2y																			
Cholesterol/lipid profile	q5y																			
Glucose, fasting	q5y																			
Tb skin test	High risk: annual																			
PSA	FH-: qy >50, FH+: qy >40																			

IMMUNIZATIONS		50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68
dT	q10y																			
Influenza	Annual for high risk or >65y																			
Pneumovax	>65 or high risk																			
Hepatitis B	High risk																			

O = Ordered, N = Normal, A = Abnormal Result, R = Refused, E = Done Elsewhere

Adult Male Over 65 Preventive Care Flow Sheet

PATIENT NAME _____
 DOB ____/____/____

**Put Prevention
 Into Practice**

DATE																				
HEALTH GUIDELINES	AGE																			
Abuse																				
Advance directives																				
Aspirin																				
Dental health																				
Drugs/alcohol																				
HIV/AIDS																				
Injuries																				
Mental health/depression																				
Nutrition																				
Occupational health																				
Physical activity																				
Sexual behavior																				
Testicular self-exam																				
Tobacco																				
UV exposure																				
Violence & guns																				
✓ = Discussed w/ patient																				

EXAMINATION & TESTS																				
Height, weight	Each visit																			
Blood pressure	Each visit, at least q2y																			
Skin, oral, thyroid exam	<40y: q3y, >40y: annual																			
Rectal/prostate exam	Low risk: annual >40y																			
Hemoccult of stool	Low risk: annual >50																			
Testicular exam	q3y																			
STD screening	Sexually active																			
Flexible sigmoidoscopy	Low risk: >50y q5y																			
Vision, glaucoma screen	<65y: q4y, >65y: q2y																			
Cholesterol/lipid profile	q5y																			
Glucose, fasting	q5y																			
Tb skin test	High risk: annual																			
PSA	FH-: qy >50: FH+: qy >40																			

IMMUNIZATIONS																				
dT	q10y																			
Influenza	Annual for >65y																			
Pneumovax	>65y																			
Hepatitis B	High risk																			

O = Ordered, N = Normal, A = Abnormal Result, R = Refused, E = Done Elsewhere

Moser SE, Goering TL. Implementing preventive care flow sheets. *Fam Pract Manage*. February 2001;51-53. Flow sheet developed by Wesley Medical Center, Wichita, Kan.; adapted from Put Prevention Into Practice, Office of Disease Prevention and Health Promotion, Public Health Service.