

ADULT PREVENTIVE AND CHRONIC CARE FLOWSHEET

(This form is subject to the Privacy Act of 1974- DD Form 2005)

1. ALLERGIES	
a. MEDICATION ALLERGIES NKDA	b. OTHER ALLERGIES bee stings
2. CHRONIC ILLNESS	
HTN - Dx'd 1990 Hypothyroidism - Hashimoto's Allergic rhinitis	3. MEDICATIONS Atenolol 50mg qd Synthroid 0.1mg qd Flonase 1 squirt ea nostril qd Motrin 200mg prn St John's Wort 300mg tid Black Cohosh 40mg qd Nitric Oxide
4. HOSPITALIZATIONS/SURGERIES	
Appendectomy 1966 Childbirth 1990, 1992 R breast biopsy 1995 - benign L ACL reconstruction 1996 TAH 2009	
5. COUNSELING	
TOPIC CODES	COUNSELING COMPLETED
F FITNESS	DATE 11/2/05
D DENTAL	AGE 47
I INJURY PREVENTION	TOPIC F, N, I
N NUTRITION/FOLATE	H, MH, F, N, H, S, C, F, N, C
C CANCER PREVENTION	Rx MH, Rx MH
S SAFE SEX	DATE 10/10/10
FP FAMILY PLANNING	AGE 52
Rx PRESENT MEDICATION	TOPIC T, A
MH MENTAL HEALTH/STRESS/SUICIDE/OCCUPATIONAL STRESS	F, N
H HORMONES/CALCIUM REPLACEMENT	
To TOBACCO	DATE
A ALCOHOL	AGE
T TRAVEL	TOPIC
O OCCUPATIONAL EXPOSURE (HEARING THRESHOLD CHANGES/CUMULATIVE TRAUMA DISORDERS)	
	DATE
	AGE
	TOPIC

SAMPLE

RECORDS MAINTAINED AT:			
PATIENT'S NAME			SEX
Last SAILED	First NANCY	M.I. A	F
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
		HMC	
SPONSOR'S NAME (Last, First, Middle initial)			DEPT/SERVICE
ORGANIZATION	SSN/ID NUMBER	DATE OF BIRTH	
	123-45-6789	28 Aug 1958	

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)	M - breast ca Dx'd at 48; F - colon ca Dx'd at 68
b. CARDIOVASCULAR DISEASE(Specify)	M - HTN, MI at 53; MGM - died at 58 MI
c. DIABETES(Specify)	MGM - type 2 diabetes
d. MENTAL ILLNESS/CHEMICAL DEPENDENCY(Specify)	S - major depression

7. SCREENING EXAMS (* = Actual Result, N = Normal, X = Abnormal, E = Done Elsewhere, R = Refused, NA = Not Indicated, COMP = Completed, INCOMP = Incomplete)

a. TEST	b. FREQUENCY	DATE	2005	2006	2007	2008	2009	2010
		AGE	47	48	49	50	51	52
(1) CLINICAL DISEASE PREV EVAL/PHA	ANNUAL							
* (2) WEIGHT	ANNUAL		142	146	150	140	146	142
* (3) HEIGHT	ANNUAL		66"	66"	66"	66"	65"	65"
* (4) BLOOD PRESSURE	ANNUAL		132/86	128/80	136/84	138/88	134/82	130/78
* (5) CHOLESTEROL	q 5 YRS FOR AGE = 18 q YR IF PREV ABN		TC 159 HDL 65					TC 200 HDL 54
(6) HEARING	CLINICAL DISCRETION							
(7) SKIN EXAM (Cancer)	ANNUAL IF AT RISK		NA	NA	NA	NA	NA	NA
(8) ORAL/DENTAL	ANNUAL		11/2/05	11/27/06	11/4/07	11/24/08	11/11/09	11/1/10
(9) EYE/VISION	ROUTINE ACUITY WITH PERIODIC ASSESSMENT DIABETES ANNUAL GLAUCOMA CHECKS: ANNUAL AGE = 40 OR EARLIER IF POS FM Hx		20/2000	20/2000	20/2500	20/2500	20/2500	20/2500
			20/2505	20/2505	20/2505	20/3005	20/3005	20/3505
(10) BREAST EXAM	FEMALE = 40			E/N				N
(11) MAMMOGRAM	BASELINE @ 40, q 2 YRS 40-50, ANNUAL > 50			12/15/06 pending		N		N
(12) PAP	BASELINE @ 18 OR ONSET OF SEXUAL ACTIVITY AFTER 3 NL EXAMS, PERFORMED q 1-3 YRS		N			10/12/08 X	NA	NA
(13) FECAL OCCULT BLOOD	ANNUAL = 50					E/N	R	
(14) SIGMOID	q 3-5 YRS = 50							
(15) COLONOSCOPY	HIGH RISK q 5 YRS = 40						R	N
(16) TESTICULAR	HIGH RISK ANNUAL 13-39 YRS							
(17) PROSTATE	WITH P.E. = 40 YRS (Presently recommended annually)							
(18) RUBELLA SCREEN (Female)	ONCE BETWEEN AGES 12-18 YRS (Unless prev vaccinated)							
(19) OCCUPATIONAL SCREENING EXAMS	APPROPRIATE TO EXPOSURES							
(20) FBS			N					
(21) Chlamydia						N		
(22)								
(23)								
(24)								
(25)								

PATIENT'S NAME (Last, First, Middle initial)
SAILOR, NANCY A

SSN/ID NUMBER
123-45-6789

DATE OF BIRTH
28 Aug 1958

SEX
F

SAMPLE

ADULT PREVENTIVE AND CHRONIC CARE FLOWSHEET											
8. OCCUPATIONAL HISTORY/RISK											
a. PRP											
b. FLYING STATUS											
9. READINESS											
a. BLOOD TYPE: Bneg		b. G6PD: N		c. SICKLE CELL: N		d. DNA DRAWN DATE: 8/9/88		f. HIV DRAWN DATE: 11/11/09			
DATE: 10/17/88		DATE: 10/17/88		DATE: 10/17/88		e. DNA ON FILE DATE: 8/28/88		g. HIV RESULT DATE: 11/19/09			
h. LAST EYE EXAM DATE: 11/1/10		i. EYE GLASSES REQUIRED: N		j. 2 PAIRS EYE GLASSES ISSUES: DATE:		k. GAS MASKS INSERTS ISSUES: DATE:					
l. LAST ANNUAL DENTAL EXAM DATE: DENTAL CLASS: 2				m. LAST TNDQ STATUS: FROM: TO:							
n. HEARING SURVEILLANCE		(1) REFERENCE AUDIOGRAM COMPLETE:		(2) HEARING CONSERVATION PROGRAM:		(a) LAST ANNUAL AUDIOGRAM: (b) NEXT ANNUAL AUDIOGRAM:					
o. LIMDU HISTORY		FROM:		FROM:		FROM:					
		TO:		TO:		TO:					
p. TNPQ HISTORY		FROM: 2/21/96		FROM: 8/16/09		FROM:					
		TO: 8/11/96		TO: 10/12/09		TO:					
q. MRR HISTORY		FROM:		FROM:		FROM:					
		TO:		TO:		TO:					
r. LOD HISTORY		FROM:		FROM:		FROM:					
		TO:		TO:		TO:					
s. FITNESS/BFC <i>(P = Pass, F = Failed, W = Waiver, WS = Within Standards)</i>		DATE:		DATE:		DATE:		DATE:		DATE:	
		RESULT:		RESULT:		RESULT:		RESULT:		RESULT:	
t. PERMANENT PROFILE CHANGE		(1) DATE:	(2) P:	(3) U:	(4) L:	(5) H:	(6) E:	(7) S:			
		DATE	DATE	DATE:	DATE	DATE	DATE	DATE			
10. PRE/POST DEPLOYMENT HISTORY											
a. LOCATION		Kuwait									
(1) PRE-DEPLOYMENT FORM COMPLETION DATE		6/20/03									
(2) POST-DEPLOYMENT FORM COMPLETION DATE		3/22/04									
b. LOCATION											
(1) PRE-DEPLOYMENT FORM COMPLETION DATE											
(2) POST-DEPLOYMENT FORM COMPLETION DATE											
c. CHART AUDIT											
PATIENT'S NAME (Last, First, Middle initial) SAILOR, NANCY A					SSN/ID NUMBER 123-45-6789			DATE OF BIRTH 28 Aug 1958		SEX F	

DD FORM 2766 MRRS GENERATED

SAMPLE

ADULT PREVENTIVE AND CHRONIC CARE FLOWSHEET

11. IMMUNIZATION

DOSE #	DATE	Manufacturer	LOT #	DOSE	ROUTE	SITE	VIS Edition (Date or/N/A)	Name/Rate/Rank of person administering	MTF or Facility
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ANTHRAX

HEPATITIS A

HEPATITIS B

HEPATITIS A/B COMBO

INFLUENZA

JAPANESE ENCEPHALITIS

MENINGOCOCCAL

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MMR

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PATIENT'S NAME (<i>Last, First, Middle initial</i>)							SSN/ID NUMBER	DATE OF BIRTH	SEX
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ADULT PREVENTIVE AND CHRONIC CARE FLOWSHEET

11. IMMUNIZATION (Continued)

DOSE #	DATE	Manufacturer	LOT #	DOSE	ROUTE	SITE	VIS Edition (Date or N/A)	Name/Rate/Rank of person administering	MTF or Facility
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PNEUMOCOCCAL

POLIO (OPV)

POLIO (IPV)

SMALLPOX

TETANUS-DIPHTHERIA (Td)

TYPHOID, ORAL SERIES (Ty 21a)

TYPHOID, PARENTERAL (Vi-CPS)

VARICELLA

YELLOW FEVER

OTHER

PATIENT'S NAME (Last, First, Middle initial)							SSN/ID NUMBER	DATE OF BIRTH	SEX
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OTHER

SENSITIVITY TEST (I.E. PPD)

DATE PLACED	TYPE	DOSE	ROUTE	SITE	RESULTS	DATE READ	NAME OF READER

REMARKS

PATIENT'S NAME (<i>Last, First, Middle initial</i>)	SSN/ID NUMBER	DATE OF BIRTH	SEX
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ADULT PREVENTIVE AND CHRONIC CARE FLOWSHEET
(Continuation Sheet)

a. TEST	b. FREQUENCY	DATE						
		AGE						

REMARKS

PATIENT'S NAME (Last, First, Middle initial) SSN/ID NUMBER DATE OF BIRTH SEX