

Patient Name: _____

Tests & Immunizations

FEMALE PATIENTS BETWEEN AGES OF 24-64 YEARS OLD: When was your most recent cervical cancer screening (pap smear)? _____

FEMALE PATIENTS BETWEEN AGES OF 42- 69 YEARS OLD: When was your most recent breast cancer screening (mammogram)? _____

ANY PATIENT BETWEEN AGES OF 50- 75 YEARS OLD: When was your most recent colorectal cancer screening (colonoscopy, sigmoidoscopy, fecal occult blood test)? _____

ANY PATIENT AGE 65 YEARS OR OLDER: When was your most recent pneumonia vaccine administered? _____

ANY PATIENT 6 MONTHS OLD OR OLDER: When was your most recent influenza (flu) vaccine administered? _____

If you are not sure about the exact date of test/ procedure/ immunization (month and day are not necessary), please list the year to the best of your knowledge.