

MEDICARE WELLNESS - Page 2

Name: _____

Date of Birth: _____

Date: _____



Preventative Screening:

	Date Performed/Received	Due Date
Colon CA- Colonoscopy/FOB:		
Prostate CA- PSA/DRE: (Annual)		
Mammogram: (Annual until 75 years of age)		
PAP: (Per Medicare guidelines)		
Blood Glucose: (Annual)		
Lipids: (Annual)		
A.A.A Ultrasound: (Once per lifetime, only men between 65-75 who smoked)		
DEXA: (Per Medicare guidelines)		
Pneumococcal:		
Flu Shot: (Annual)		
Glaucoma Screening: (Not covered by Medicare)		
Other: (i.e. Tobacco Cessation or Hep B)		