



My Health Screening Record

Be sure to share this record with your healthcare provider.

Test/procedure/exam <i>Needed one time only</i>	Date received
Initial Medicare wellness exam	
Pneumonia vaccination	

Test/procedure/exam <i>Needed more than one time</i>	Date	Date	Date	Date
Wellness exam (<i>every year</i>)				
Blood pressure check (<i>every year</i>)				
Height, weight, BMI (<i>every year</i>)				
Cholesterol and lipid test				
Glaucoma check				
Depression screening				

Test/procedure/exam <i>Needed more than one time</i>	Date	Date	Date	Date
Fall risk screening				
Tobacco and alcohol screening				
Prostate cancer screen for men				
Cervical cancer/PAP test for women				
Mammogram for women				
Osteoporosis screening for women				
Colorectal cancer screening - <i>can be one of these three:</i>				
- Fecal blood test (every year)				
- Sigmoidoscopy (every 5 years)				
- Colonoscopy (every 10 years)				