

Health Evaluations and Tests Record

Use this chart to record your health evaluations and test results. Ask your healthcare team how often you should have these checkups/tests. Ask what your targets should be. Write them down in the target column. Name _____

ALL ADULTS	My Target	How Often	Date	Results	Date	Results	Date	Results	Date	Results
Weight		Each Visit								
Blood Pressure		Each Visit								
Cholesterol		Annually								
Blood Sugar		Annually								
Eye/Glaucoma		Every 1-2 years								
Dental		1-2/year								
Hearing		Every 3 years								
Stool for hidden blood		Every year								
Colorectal screening		Every 5 years								
Mammogram		Every 1-2 years								
Pap Test/Pelvic Exam		Every 1-3 years								
Prostate PSA/DRE ₂ (Men)		¹								
Depression Screen		¹								
¹ Discuss with your doctor or nurse			² Prostate Specific Antigen/Digital Rectal Exam							



Website: www.WellnessLifeSystems.com

Diabetic Supply Patients: Call 1-800-347-8023 to order your diabetes testing supplies.

Source: Adapted from Guide to Clinical Preventive Services, 2007. AHRQ Publication No. 07-05100, September 2007. Agency for Healthcare Research and Quality, Rockville, MD. [Http://www.ahrq.gov/clinic/pocketgd.htm](http://www.ahrq.gov/clinic/pocketgd.htm)

The information in this educational tool does not substitute for the medical advice, diagnosis or treatment of your physician. Always seek the help of your physician or qualified health provider for any questions you may have regarding a medical condition.



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Diabetes Tests and Exams	My Target	How Often	Date	Results	Date	Results	Date	Results	Date	Results
Complete Foot Exam		Annually								
A1C < 7%₂		2-4/year								
Total Cholesterol < 200 mg/dL₂		Annually								
LDL < 100 mg/dL₂		Annually								
HDL > 50 md/dl women, > 40 mg/dl men₂		Annually								
Triglycerides < 150 mg/dL₂		Annually								
Urine Protein		Annually								
Dilated Eye Exam		Annually								
Diabetes Self-Management Education		As Needed								
Diabetes Nutrition Counseling		As Needed								
Vaccines		How Often:								
Influenza (starting at age 50 or sooner if at risk)		Annually								
Pneumonia (at age 65)		Once ₁								
Tetanus/Diphtheria		Every 10 years								
Hepatitis A		Per Risk								
Hepatitis B		Per Risk								
TB Screen		Per Risk								
Vericella		Per Risk								

₁Discuss with your doctor or nurse

₂Based on the 2010 Clinical Practice Recommendation of the American Diabetes Association