

**HEALTH CARE FOR THE HOMELESS, INC.  
HEALTH MAINTENANCE SHEET**

	CODE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
HPE Annually										
Ht.	Date									
	Result									
Wt.	Date									
	Result									
Dental Exam										
Vision Exam										

**FEMALES**

Mammogram Annually > 40										
Pap Smear										
Breast Exam										
Pt. ed. self-exam										

**MALES**

Prostate exam Annually >40 years										
Testicular exam										
Pt. ed. self-exam										

**IMMUNIZATION**

Td booster Every 10 years										
Influenza Vacc. Annually										
Pneumo. Vacc.										
Hep. B										

**LABS**

PPD	Date									
	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -
Stool occult blood Annually >50 years	Date									
	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -
Cholesterol Every 5 years >35										
HIV Test	Date									
	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -	+ / -

**OTHER**

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PATIENT LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ HCH#: \_\_\_\_\_