

Condition	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Diabetes Miletus												
HbA1C												
Lipid												
U. Microalbuin												
Dilate Eye Exam												
Foot Exam												
Statin												
Ace /ARB												

CHF												
LV Fxn/ Echo												
B-Blocker												
Ace /ARB												
Warfarin												

CAD												
Anti - Platlet												
B - Blocker & MI												
Ace /ARB												

Screenings												
Mammogram												
PAP												
Prostrate Exam												
PSA												
Colonoscopy												
EKG												
Pulmonary (Spiro meter)												
DEXA												

Vaccines												
PNA												
Tetanus												
Shingles												
Flu												

DOB: \_\_\_\_\_

NAME \_\_\_\_\_