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Internal Medicine and Pediatrics of Bloomfield, PC
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HEALTH MAINTENANCE FORM

NAME:_____ DOB: _____

Please update any changes in last year or since last appointment:

New surgeries:_____

New medicines: _____

New drug allergies:_____

Do you take daily baby Aspirin 81 mg? YES NO

Are you a current smoker? YES NO

FEMALE:
Please provide the following date of service for last:

STD Screen:_____

PAP:_____ Performing Physician: _____

Mammogram:_____

Colonoscopy:_____ Performing Physician: _____

DEXA Osteoporosis Scan:_____

Cardiac Calcium Score:_____

MALE
Please provide the following date of service for last:

STD Screen:_____

PSA test/rectal exam:_____

Who Performed Your Colonoscopy:_____

DEXA Osteoporosis Scan:_____

Cardiac Calcium Score:_____