

WOMEN'S PREVENTIVE WELLNESS PLAN

Patient Name _____

Date _____

Preventive Service	Frequency	Last Done
Body Mass Index (BMI) _____ Height _____ Weight _____	Annually	
Blood Pressure _____/_____	<ul style="list-style-type: none"> • Every 2 yrs, if BP \leq 120/80 mm hg; • Annually, if BP >120-139/80-89 mm hg 	
Vision	<ul style="list-style-type: none"> • Every 3 yrs up to age 40; • Every 2 yrs aged 40+ 	
Breast Cancer Screening (Mammogram)	<ul style="list-style-type: none"> • Every 2 yrs, aged 50-74 yrs 	
Cervical Cancer Screening (Pap Smear)	<ul style="list-style-type: none"> • Every 3 yrs, aged 21-64 yrs; • Every 5 yrs, aged 30-65 with HPV testing 	
Osteoporosis Screening (Bone Density Measurement)	<ul style="list-style-type: none"> • Routinely, for women aged 65+ • Routinely, for women aged 60-64 with risk factors 	
Cholesterol Testing	Regularly beginning at age 20 with risk factors	
Diabetes Screening	With a sustained BP \geq 135/80 mm Hg	
Colorectal Cancer Screening	<ul style="list-style-type: none"> • Annually, Fecal Occult Blood Stool (FOBS); • Every 5 yrs, Sigmoidoscopy with FOBS; • Every 10 yrs, Colonoscopy 	
Sexually Transmitted Diseases (STD's)	As necessary for those with risk factors	
Depression Screening	As necessary for those with risk factors	
Alcohol Misuse Screening	As necessary for those with risk factors	
Immunizations: Pneumococcal (Pneumonia) Vaccine Influenza (Flu) Vaccine	<ul style="list-style-type: none"> • Pneumonia: 1-2 doses up to age 64; • Pneumonia: 1 dose age 65+ • Influenza: Annually 	
Other		

Your major risk factors:

Family history of _____ Obesity _____ Diabetes _____
Hypertension _____ Fall Risk _____ Smoking Use _____ Other _____

Recommendations for improvement:

Diet _____ Tobacco Cessation _____ Weight Management _____ Exercise _____ Other _____

Referrals

For Staff Use: *[list handouts, referrals, or other followup instructions here]*