

## MEN'S PREVENTIVE WELLNESS PLAN

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

Preventive Service	Frequency	Last Done
<b>Body Mass Index (BMI)</b> _____ <b>Height</b> _____ <b>Weight</b> _____	<b>Annually</b>	
<b>Blood Pressure</b> _____/_____	<ul style="list-style-type: none"> <li>• Every 2 yrs, if BP &lt;= 120/80 mm hg;</li> <li>• Annually, if BP &gt;120-139/80-89 mm hg</li> </ul>	
<b>Vision</b>	<ul style="list-style-type: none"> <li>• Every 3 yrs up to age 40;</li> <li>• Every 2 yrs aged 40+</li> </ul>	
<b>Abdominal Aortic Aneurysm</b>	Once, between the age range of 65-75 and smoked 100+ cigarettes in lifetime	
<b>Cholesterol Testing</b>	Regularly beginning at age 20 with risk factors	
<b>Diabetes Screening</b>	With a sustained BP >= 135/80 mm Hg	
<b>Colorectal Cancer Screening</b>	<ul style="list-style-type: none"> <li>• Annually, Fecal Occult Blood Stool (FOBS);</li> <li>• Every 5 yrs, Sigmoidoscopy with FOBS;</li> <li>• Every 10 yrs, Colonoscopy</li> </ul>	
<b>Sexually Transmitted Diseases (STD's)</b>	As necessary for those with risk factors	
<b>Depression Screening</b>	As necessary for those with risk factors	
<b>Alcohol Misuse Screening</b>	As necessary for those with risk factors	
<b>Immunizations:</b> <b>Pneumococcal (Pneumonia) Vaccine</b> <b>Influenza (Flu) Vaccine</b>	<ul style="list-style-type: none"> <li>• Pneumonia: 1-2 doses up to age 64;</li> <li>• Pneumonia: 1 dose age 65+</li> <li>• Influenza: Annually</li> </ul>	
<b>Other</b>		

**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 follow-up instructions here]*