

CHARLES B. MALLETT, M.D.
HEALTH MAINTENANCE/ANNUAL PHYSICAL UPDATE

NAME: _____

DATE: _____

Cholesterol

Most recent lab	<u>Date</u>	<u>Total Cholesterol</u>	<u>LDL</u>	<u>HDL</u>	<u>Triglycerides</u>
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Vaccines

Have you received the Flu Vaccine this flu season?	Yes	No		
Have you received the Shingles vaccine?	Yes	No	Not Sure	
Have you received the Pneumovax Vaccine?	Yes	No	Not Sure	
If Yes, when?	_____			
When did you last receive a Tetanus vaccine booster?	_____			

Colon Cancer Screening

Have you had a Colonoscopy?	Yes	No	
If Yes, when did you last have one done?	_____		
Was your Colonoscopy normal?	Yes	No	
If it was abnormal, what was found?	_____		

Bone Density

Have you had a bone density test?	Yes	No	Not Sure
If Yes, when did you last have it done?	_____		

For Women

When was your last Mammogram?	_____		
Have you had a Hysterectomy?	Yes	No	
If Yes, When? _____	Why?	_____	
When was your last Pap Smear?	_____		
Have you ever had an abnormal Pap Smear?	Yes	No	
If Yes, When?	_____		