MGM
MEDICAL ASSOCIATES LTD. S.C.

PREVENTATIVE HEALTH QUESTIONNAIRE
AGE 65 AND OLDER

NAME: _____

DATE: _____ AGE: _____ MALE ❑ FEMALE ❑

ALL PATIENTS

1. Have you had a Fecal Occult Blood Test (FOBT) in the last year? . . . . . .Yes ❑ No ❑
   If yes, what date? _____ results: _____ Where performed? _____
2. Have you had a Sigmoidoscopy in the last 5 years? . . . . . Yes ❑ No ❑
   If yes, what date? _____ results: _____ Where performed? _____
3. Have you had a Tetanus/Diphtheria (dT) immunization in the last 10 years? . . . . . .Yes ❑ No ❑
   If yes, what year? _____ Where performed? _____
4. Have you had an Influenza vaccination in the last year? . . . . . .Yes ❑ No ❑
5. Have you had a Pneumococcal vaccination? . . . . . .Yes ❑ No ❑
   If yes, what date? _____ Where performed? _____
6. Do you have an Advance Directive? . . . . . .Yes ❑ No ❑
   If not, are you interested in information on Advance Directives? . . . . . .Yes ❑ No ❑
7. Have you been counseled regarding osteoporosis? . . . . . .Yes ❑ No ❑
8. Are you a **non**-smoker? . . . . . .Yes ❑ No ❑

WOMEN 65 TO 69

1. Have you had a mammogram within the past 1 to 2 years? . . . . . .Yes ❑ No ❑
   If yes, what date? _____ results: _____ Where performed? _____

MEN ONLY

1. **Men over age 50**
   Have you been counseled regarding the risks and benefits of prostate cancer screening? Yes ❑ No ❑

_____
PATIENT/GUARDIAN SIGNATURE

COMMENTS/ACTION TAKEN:

_____
PROVIDER SIGNATURE