

For Your Health (Male)

Patient Name: _____ DOB: _____ Date: _____

Please complete questions ONLY under your appropriate age group.

Male (18–39 years)

- Have you had a **cholesterol** check within the last (4) four years? Yes No
- Have you had a **tetanus shot** within the last (10) ten years? Yes No

Male (40–49 years)

- Have you had a **cholesterol** check within the last (4) four years? Yes No
- Have you had a **tetanus shot** within the last (10) ten years? Yes No

Male (50–64 years)

- Have you had a **PSA (prostate blood test)** within the last year? Yes No
- Have you had an **eye exam** by an ophthalmologist or optometrist in the last (2) two years? Yes No
- Have you had a **cholesterol** check in the last (4) four years? Yes No
- Have you had a **hemocult card (stool)** yearly, or **flexible sigmoidoscopy** or **colonoscopy** in the last (5) five years? Yes No
- Have you had a **tetanus shot** within the last (10) ten years? Yes No

Male (65 years and over)

- Have you had an **eye exam** by an ophthalmologist or optometrist in the last (2) two years? Yes No
- Have you had a **cholesterol** check in the last (4) four years? Yes No
- Have you had a **pneumonia shot** within the last (5) five years? Yes No
- Have you had a **tetanus shot** within the last (10) ten years? Yes No
- Have you had a **PSA (prostate blood test)** within the last year? Yes No
- Have you had a **hemocult card (stool)** yearly, or **flexible sigmoidoscopy** or **colonoscopy** in the last (5) five years? Yes No