

For Your Health (Female)

Patient Name: _____ DOB: _____ Date: _____

Please complete questions *ONLY* under your appropriate age group.

Female (18–39 years)

- Have you had a **pap smear** within the last (2) two years? Yes No
- Have you had a **tetanus shot** within the last (10) ten years? Yes No
- Have you had a **cholesterol check** within the last (4) four years? Yes No

Female (40–49 years)

- Have you had a **mammogram** within the last (2) two years? Yes No
- Have you had a **tetanus shot** within the last (10) ten years? Yes No
- Have you had a **pap smear** within the last (2) two years? Yes No
- Have you had a **cholesterol check** within the last (4) four years? Yes No

Female (50–64 years)

- Have you had a **mammogram** in the last year? Yes No
- Have you had a **pap smear** within the last (2) two years? Yes No
- Have you had a **DEXA or bone density test** in the last (2) two years? 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 **tetanus shot** within the last (10) ten years? Yes No
- Have you had a **hemocult card (stool)** yearly, or **flexible sigmoidoscopy or colonoscopy** in the last (5) five years? Yes No

Female (65 years and over)

- Have you had a **mammogram** in the last year? Yes No
- Have you had a **pap smear** within the last (2) two years? Yes No
- Have you had a **DEXA or bone density test** in the last (2) two years? 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 **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 **hemocult card (stool)** yearly, or **flexible sigmoidoscopy or colonoscopy** in the last (5) five years? Yes No