



SERVICES

# Screening Worksheet

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Results can be reported as normal or abnormal. However, if you know the numerical value, please provide it in the results column with the designated test where applicable.

Test	Date	Results
Colonoscopy		
Sigmoidoscopy		
FOBT (Fecal Occult Blood Test) (Typically done in office or self-test)		
Mammogram		
Pap Smear		
Bone Density		
Abdominal Ultrasound		
Chest X-Ray		
PSA		
Echocardiogram ("Ultrasound of the Heart")		
Stress Test		
Pneumonia Vaccine		
Flu Vaccine		
Tetanus Vaccine		
Shingles Vaccine		

## Diabetic Exam Screenings

Test	Date	Results
HgbA1c		
Fasting Blood Sugar		
Diabetic Foot Exam		
Diabetic Eye Exam		
Cholesterol Check		