Department of Family Medicine
University of
Family Medicine Associates

ADULT HEALTH MAINTENANCE FLOW SHEET

Patient Name: _____

Phone: _____ DOB: _____ Height: _____ UFM Chart # _____

Drug Allergies: _____ UMMS MR # _____

Drug Intolerances: _____

No.	Chronic Problem	Medications

SCREENING PROCEDURES / DATE						
Complete PE						
Breast/Prostate Exam						
Pap						
Mammogram						
Stool guiac						
Flex Sig						
Cholesterol						
Flu Vaccine						
Pneumovax						
Hep B (↑ risk)						
PPD (↑ risk)						
dT						
Rubella titer/vaccine ages 15-50						
Mumps/Mumps titer vaccine (born > 1956)						

Past Medical/Surgical History:

Family History:

Social History:

Tobacco Use:

CAGE - AID

DATE:	___	___	___	___	___
Cut down	Y/N	Y/N	Y/N	Y/N	Y/N
Annoyed	Y/N	Y/N	Y/N	Y/N	Y/N
Guilty	Y/N	Y/N	Y/N	Y/N	Y/N
Eye opener	Y/N	Y/N	Y/N	Y/N	Y/N

☐ Living Will / Advance Directives on File

Hospital/ER discharge summary in chart/signed off if applicable. Dates: _____

(4/99)