

Health Maintenance Screening Questionnaire

Patient Name: _____

Today's Date: _____

Date of Birth: _____

BSGA #: _____

If you are 50 years of age or older:

Have you had a colonoscopy? No Yes When?: _____

If you are 65 years of age or older:

Have you had a pneumonia vaccine? No Yes When?: _____

Have you had a fall in the past year? No Yes When?: _____

How Many?: _____

Were you injured? No Yes

If you are a female 41 years or older:

Have you had a mammogram? No Yes When?: _____

If today's date is between October 1st and March 31st:

Have you had the flu vaccine this season? No Yes When?: _____

Your email address: _____

This will be used to invite you to our Patient Portal & send you appointment reminders.

If you wish to opt out of giving us your email address or do not have an email address, please check-mark here: _____