

MEN'S PREVENTIVE WELLNESS PLAN

Patient Name _____ Date _____

Preventive Service	Frequency	Last Done
Body Mass Index (BMI)____ Height _____ Weight _____	Annually	
Blood Pressure _____/_____	<ul style="list-style-type: none"> • Every 2 yrs, if BP <= 120/80 mm hg; • Annually, if BP >120-139/80-89 mm hg 	
Vision	<ul style="list-style-type: none"> • Every 3 yrs up to age 40; • Every 2 yrs aged 40+ 	
Abdominal Aortic Aneurysm	Once, between the age range of 65-75 and smoked 100+ cigarettes in lifetime	
Cholesterol Testing	Regularly beginning at age 20 with risk factors	
Diabetes Screening	With a sustained BP >= 135/80 mm Hg	
Colorectal Cancer Screening	<ul style="list-style-type: none"> • Annually, Fecal Occult Blood Stool (FOBS); • Every 5 yrs, Sigmoidoscopy with FOBS; • Every 10 yrs, Colonoscopy 	
Sexually Transmitted Diseases (STD's)	As necessary for those with risk factors	
Depression Screening	As necessary for those with risk factors	
Alcohol Misuse Screening	As necessary for those with risk factors	
Immunizations: Pneumococcal (Pneumonia) Vaccine Influenza (Flu) Vaccine	<ul style="list-style-type: none"> • Pneumonia: 1-2 doses up to age 64; • Pneumonia: 1 dose age 65+ • Influenza: Annually 	
Other		

Your major risk factors:

Family history of _____ Obesity _____ Diabetes _____
Hypertension _____ Fall Risk _____ Smoking Use _____ Other _____

Recommendations for improvement:

Diet _____ Tobacco Cessation _____ Weight Management _____ Exercise _____ Other _____

Referrals

For Staff Use: *[list handouts, referrals, or other follow-up instructions here]*