PERSONAL PREVENTIVE CARE (Male)

PATIENT NAME:	DATE:
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VACCINES	COVERAGE	LAST DOSE	Recommendations/Actions
Influenza	Recommended yearly (covered yearly)		
Pneumococcal	1 dose PCV15 followed by PPSV23 1 year later OR 1 dose PCV20		
PPSV 23	Recommended once over age 65 (covered once in a lifetime)		
Prevnar (circle) 13 15 20	Recommended once over age 65 (covered once in a lifetime)		
Shingrix	Optional over age 50 (covered if medically		
(Shingles)	necessary) Will need to be administered by		
(0111118100)	patient's pharmacy		
Tdap or Td	Recommended every 10 years (covered if		
(Tetanus)	medically necessary)		
COVID	medically necessary;		
COVID			
SCREENINGS	COVERAGE	Last SERVICE DATE	Findings/Recommended Next Service Date
PSA	Recommended yearly (covered annually over the age of 50)		
AAA (Abdominal	Recommended age 65-75 for men who currently		
Aortic Aneurysm)	smoke or have smoked at least 5 pks of		
•	cigarettes in the past, or have a family hx		
Colon Cancer	Recommended to start screening at 45		
Screening	Colonoscopy: Every 10 years if negative		
G	Cologuard: Every 3 years if negative		
	Fecal occult Blood card: Every year if negative		
Diabetes Screen	Recommended once a year; if meets criteria-		
	One of these: HTN, Hx of high BS, Hx of high		
	cholesterol, Obesity		
	Two of these: ≥65, overweight, FamHx DM or		
Footing Linial	gestational diabetes		
Fasting Lipid	Recommended once a year; MCR will pay		
	annually with 20% co-pay; once every 5 years		
Fire Core	MCR will cover at 100%		
Eye Care	Recommended yearly if over age 65 and		
	diabetic. (Covered if diabetic or family history		
Dantal Cara	glaucoma)		
Dental Care	Regular exam and cleanings (dental care is not covered unless medically necessary)		
DEXA Scan	Recommended over age 65 (covered every 2 yrs, or more often if necessary)		
Low Dose CT	Recommended yearly for ages 50-77 who have a		
	20 – pack per year smoking history, currently		
	smoke or have quit within 15 years		
Hep C	Recommended once (covered one screening test		
•	or yearly if necessary)		
HIV	Offered if at risk (covered yearly if at high risk)		
Annual Wellness	Recommended yearly (covered yearly)		
Visit	,, ,		
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