# Visit prep checklist

If you have a new complaint, please describe the symptom and indicate how long it has been present, when it is better or worse and any other information that might be helpful to the physician and/or staff.

|  |  |
| --- | --- |
| To be completed in anticipation of a patient’s upcoming visit | |
| Patient name: | Date of birth: |
| Date of previous visit: | Date of next visit: |

| Preventive  screening | Due | Up-to-date | N/A | Target population and recommendation |
| --- | --- | --- | --- | --- |
| PAP |  |  |  | Age 21 to 65 years  Every 3 years if no history of abnormal PAPs (or every 5 years if over 30 and most recent PAP negative and HPV-negative) |
| Mammogram |  |  |  | Age 50 to 75 years  Every 1 to 2 years; or for those 40 to 50 and >75 screening is optional |
| Colonoscopy |  |  |  | Age 50 to 75 years  Every 10 years (more frequent if history of colon polyp or family history of colon cancer) |
| Bone density scan (DEXA) |  |  |  | Age 65 years  Every 10 years for women if previous results were normal; every 5 years if symptoms of osteopenia exist |
| Abdominal aortic aneurysm |  |  |  | Age 65 to 75 years  One-time screening for men who have ever smoked |
| Visual acuity |  |  |  | Age >65 years (new Medicare enrolees)  Can be completed during the “Welcome to Medicare” visit |
| Glaucoma screen |  |  |  | Age >65 years  Annually |

| Immunization | Due | Up-to-date | N/A | Target population and recommendation |
| --- | --- | --- | --- | --- |
| Tdap vaccine |  |  |  | Age >19 years  Administer Tdap once; boost with Td every 10 years |
| Influenza vaccine |  |  |  | Age >6 months  Annually |
| Shingles vaccine |  |  |  | Age >60 years  Option if >50 years |
| Pneumococcal vaccine (PCV13 or PPSV23) |  |  |  | Age >65 years  • PCV13 now, followed by PPSV23 six to 12 months later  • If already received PPSV23, wait at least one year before giving PCV13  Patients age 18 to 65 with a chronic\* or immunocompromising condition may also need a pneumococcal vaccine. |

\*Chronic conditions include: COPD, DM, CVD, CKD, chronic liver disease, splenectomy, etc.

Source: AMA. *Practice transformation series: expanded rooming and discharge protocols*. 2014.

*Please note that these clinical guidelines change frequently and are meant as an example only. The checklist can be modified so you can update it based on your patient population and current guidelines. You may use this checklist to build the capability to “flag” upcoming care needs in your electronic health record (EHR).*