ADULT PREVENTION AND CHRONIC CARE FLOWSHEET

(This form is subject to the Privacy Act of 1974 – Use DD form 2005)

1. ALLERGIES	
a. MEDICATION ALLERGIES	b. OTHER ALLERGIES

2. CHRONIC ILLNESS	3. MEDICATIONS

4. HOSPITALIZATIONS/SURGERIES	

5. COUNSELING

F	FITNESS	a. DATE					
D	DENTAL	b. AGE					
I	INJURY PREVENTION	c. TOPIC					
N	NUTRITION/FOLATE						
C	CANCER PREVENTION						
S	SAFE SEX	d. DATE					
FP	FAMILY PLANNING	e. AGE					
RX	PRESENT MEDICATIONS	f. TOPIC					
MH	MENTAL HEALTH/STRESS/SUICIDE/ OCCUPATIONAL STRESS						
H	HORMONE/CALCIUM REPLACEMENT	g. DATE					
To	TOBACCO	h. AGE					
A	ALCOHOL/SUBSTANCE ABUSE	i. TOPIC					
t	TRAVEL						
o	OCCUPATIONAL EXPOSURE (HEARING THRESHOLD CHANGES/ CUMULATIVE TRAUMA DISORDER)						
		j. DATE					
		k. AGE					
		l. TOPIC					

ADVANCE DIRECTIVES: DATE FILED

PATIENT'S IDENTIFICATION (Use this space for mechanical imprint)	RECORDS MAINTAINED AT:		
	PATIENT'S NAME LAST / FIRST / M.I.		SEX
	RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
	SPONSOR'S NAME (Last, First, Middle Initial)		DEPT/SERVICE
	ORGANIZATION	SSN/ID NUMBER	DATE OF BIRTH

SUPPLIED (Navy)
2766-0102-LF-984-8400, pkg-100