

# Personal Prevention Log Sheet

Print this Personal Prevention Log Sheet to keep track of your preventive care that you have received and/or will need in the future

Name \_\_\_\_\_ Physician \_\_\_\_\_

**Type of Preventive Care**

**Enter Dates and Results**

**Blood pressure**

Every \_\_\_\_\_ mths/years

Goal: \_\_\_\_\_/\_\_\_\_\_


**Cholesterol**

Every \_\_\_\_\_ mths/years

Goal: \_\_\_\_\_ mg/dl


**Weight**

Every \_\_\_\_\_ mths/years

Goal: \_\_\_\_\_ lbs.


**Fecal occult blood test**

Every \_\_\_\_\_ years


**Colonoscopy**

Every \_\_\_\_\_ years


**Tetanus (Td) shot**

Every 10 years


**Pneumococcal shot**

Once at age 65


**Influenza shot**

Every year starting at age 65


**Dental visits**

Every \_\_\_\_\_ months

\_\_\_\_\_

\_\_\_\_\_

**Mammogram (female)**

Every \_\_\_\_\_ years

\_\_\_\_\_

\_\_\_\_\_

**Pap smear**

Every \_\_\_\_\_ years

\_\_\_\_\_

\_\_\_\_\_

**Prostate exam/PSA(male)**

Every \_\_\_\_\_ years

\_\_\_\_\_

\_\_\_\_\_