

**VALLEY MEDICAL PRIMARY CARE  
PREVENTATIVE QUESTIONARE**

When was the date of your last colonoscopy? \_\_\_\_\_

What is the name of your GI physician? \_\_\_\_\_

When is the date of your last flu shot? \_\_\_\_\_

When is the date you received your pneumonia/PCV 13 vaccine? \_\_\_\_\_

When is the date you received your last TDAP shot? \_\_\_\_\_

When is the date you received your shingles vaccine? \_\_\_\_\_

**IF YOU ARE A DIABETIC:**

When was the date of your last retinal examination? \_\_\_\_\_

What is the name of your eye doctor? \_\_\_\_\_

**IF YOU ARE FEMALE:**

When was the date of your last pap smear? \_\_\_\_\_

What is the name of your gynecologist? \_\_\_\_\_

When was the date of your last mammogram? \_\_\_\_\_

When was the date of your last DEXA scan? \_\_\_\_\_

**IF YOU ARE A MALE:**

When was the date of your last PSA? \_\_\_\_\_