

ANNUAL HEALTH REVIEW RECORD - to be filled out as considered appropriate by your doctor each year please.

This sheet is meant to provide an indication that things which should have been reviewed for this patient during the year have been done. Most of the information needed for completing this sheet should be recorded in the Running Sheet for the year. Ignore irrelevant items.

| | | | | | |
|------------------------|--|--|--|--|--|
| Month, year | | | | | |
| BP | | | | | |
| weight / BMI | | | | | |
| vision test | | | | | |
| hearing test | | | | | |
| urine test | | | | | |
| smear test | | | | | |
| breast / testes* check | | | | | |
| mammogram | | | | | |
| PR/prostate* check | | | | | |
| lipids check | | | | | |
| dental review | | | | | |
| diet/ exercise review | | | | | |
| thyroid function | | | | | |
| medication review | | | | | |
| smokes/alcohol | | | | | |
| record pages updated | | | | | |
| | | | | | |

*Delete as appropriate

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| smokes/alcohol | | | | | |
| record pages updated | | | | | |
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Recommendations: Vision and Hearing screening every 2 years for people with intellectual disability.
Smear test every two years for women who have ever been sexually active.

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