

**CHARLES B. MALLETT, M.D.**  
**HEALTH MAINTENANCE/ANNUAL PHYSICAL UPDATE**

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Cholesterol**

Most recent lab	<u>Date</u>	<u>Total Cholesterol</u>	<u>LDL</u>	<u>HDL</u>	<u>Triglycerides</u>
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**Vaccines**

Have you received the Flu Vaccine this flu season?	Yes / No
Have you received the Shingles vaccine?	Yes / No / Not Sure
Have you received the Pneumovax Vaccine?	Yes / No / Not Sure
If Yes, when?	_____
When did you last receive a Tetanus vaccine booster?	_____

**Colon Cancer Screening**

Have you had a Colonoscopy?	Yes / No
If Yes, when did you last have one done?	_____
Was your Colonoscopy normal?	Yes / No
If it was abnormal, what was found?	_____

**Bone Density**

Have you had a bone density test?	Yes / No / Not Sure
If Yes, when did you last have it done?	_____

**For Women**

When was your last Mammogram?	_____
Have you had a Hysterectomy?	Yes / No
If Yes, When? _____	Why? _____
When was your last Pap Smear?	_____
Have you ever had an abnormal Pap Smear?	Yes / No
If Yes, When? _____	_____