

Checklist of Screening Maneuvers for non-EMR Practices

(Enter information or attach patient label)

Patient Name: _____

Date of Birth: _____

PHN: _____

Screening Maneuver	Recommended Screening Interval	Past Hx	Year 20__				Year 20__				Year 20__				Year 20__			
		Date Last Done/Checked	Offered	Declined	Deferred	Completed	Offered	Declined	Deferred	Completed	Offered	Declined	Deferred	Completed	Offered	Declined	Deferred	Completed
Blood Pressure (18+)	1 yr.																	
Weight (18+)	3 yrs.																	
Height (18+)	At least once																	
Exercise Assessment (18+)	1 yr.																	
Tobacco Use Assessment (18+) <i>Y = tobacco user</i> <i>N = non-user</i>	1 yr.																	
Vaccinations: Influenza (18+)	1 yr.																	
Pap Test: (25-69)	3 yrs.																	
Plasma Lipid Profile- Non Fasting (40-74)	5 yrs.																	
Cardiovascular Risk Calculation (40-74)	5 yrs.																	
One of: Diabetes Screen: (40+)	Fasting Glucose	5 yrs.																
	HgbA1c	5 yrs.																
	Diabetes Risk Calculation	5 yrs.																
One of: Colorectal Cancer Screen: (50-74)	FIT	2 yrs.																
	Sigmoidoscopy	5 yrs.																
	Colonoscopy	10 yrs.																
Mammography (45-74)	2 yrs.																	

Adapted from the [ASaP Screening Maneuver Menu for Adult for the General Population](#) 2023