

Patient's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Care Plan: 65 +**

\_\_\_\_\_ Do you have a designated person to make medical decisions for you if you are not able to? Who would that be?

Name: \_\_\_\_\_

\_\_\_\_\_ Do you have an (Advanced Directive?) in the form of a document.

**Pneumonia Vaccination Age 65+**

\_\_\_\_\_ I have received the pneumonia Vaccine \*\* Date received \_\_\_/\_\_\_/\_\_\_ \*\*

\_\_\_\_\_ I have not received the pneumonia vaccine

**Colonoscopy Screening Age 50-75**

When was your last Colonoscopy? \_\_\_\_\_

Do you have a history of total colectomy or colorectal cancer? \_\_\_\_ Yes \_\_\_\_ No

If No Colonoscopy was done, please select reason (s):

\_\_\_\_\_ Cost \_\_\_\_\_ Time \_\_\_\_\_ Medical Related Issue \_\_\_\_\_ Personal Preference \_\_\_\_\_ Other \_\_\_\_\_