Samaritans

2.2A Annual Health Checks Record

Name: _____

(Recommended Review Periods)	How often?	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Annual Medical and Dental Consent													
Medications review (annually)													
Full physical examination (annually)													
Immunisation:													
Tetanus (Every 10 yrs)													
Hep A (? yrs)													
Heb B (3 injections, once in lifetime)													
FluVax (Annual)													
PneumoVax (5 Yrs) (only require 2 injections)													
Hearing (Every 2 yrs, unless concerns)													
Vision (Every 2 yrs, unless concerns)													
Blood Tests (Annually, unless concerns)													
Skin Check (Annually)													
Bone Density Scan (Over the age of ?, Every ? yrs)													
Other Reviews:													
Psychiatrist													
Neurologist													
Dentist													
Other Specialist:													
Other Specialist:													
Other:													
Other:													
Other:													

Women's Health:													
Mammogram (Every 2 yrs, over the age of 50)													
Pap Smear (Every 2 yrs)													
Breast Check (Annually)													
Men's Health:													
Prostrate Check (Every ? yrs)													
Testes examination													
Allied Health:													
Physiotherapist													
Occupational Therapist													
Dietician (every 12 months or as required)													
Psychologist/Mental Health Services													
Podiatrist													
Community Nursing													
Audiologist													
Nutrition & Swallowing Checklist (every 12 months)													
Additional Comments and recommendations (please sign and date)													