MHS
Real Life Solutions for Health Care
Managed Health Services

ALLERGIES								
NAME:				**SEX:**	**MALE____**	**FEMALE____**		**DOB:**
ADDRESS:						**PHONE:**		

DATE	**PROBLEM**

DATE OF HEALTH SCREENS			
VISUAL			
AUDIOMETRY			
MAMMO			
PAP			
PSA			
DENTAL			
CHLAMYDIA			
BLOOD LEAD SCREEN			

ADVANCED DIRECTIVES				
DISCUSSED				
DATE				
LIVING WILL				
OTHER				
EPSDT Screens	**Physical Exam**	**Vision Test**	**Dental Exam**	**Hearing Test**
Date:				

DATE	**HOSPITALIZATIONS/PROCEDURES**		
SMOKER:			
ALCOHOL USE:			
SUBSTANCE:			
DIET/EXERCISE:			
SAFETY:			
ASTHMA: Call to MHS CM (800-4640991)		**Date:**	
DIABETES: Call to MHS CM (800-4640991)		**Date:**	

DATE	**MEDICATIONS**			
REFERRAL/REASON:				

ADDITIONAL COMMENTS: