Preventive Health Screening Checklist Template

Personal Information

Name	
Date of Birth	
Date	

Screening Checklist

Screening	Recommended Frequency	Completed	Notes
Blood Pressure	Annually	☐	
Cholesterol	Every 4-6 years	☐	
Blood Sugar/Diabetes	Every 3 years	☐	
Colorectal Cancer (age 45+)	Every 10 years	☐	
Mammogram (Women, age 40+)	Every 1-2 years	☐	
Pap Smear (Women, age 21-65)	Every 3 years	☐	
Bone Density (Women, age 65+)	At least once	☐	
Prostate (Men, age 50+)	Discuss with provider	☐	
Vision	Every 2 years	☐	
Dental	Twice yearly	☐	
Vaccinations (e.g., Flu, Tdap, COVID-19)	Per guidelines	☐	

Additional Notes

Add any additional notes, observations, or recommended next steps...