Hive80

Health Record Tracker for Adults

Name:
Date of Birth:
Gender:
Insurance Details:

Examination	Date	Result	Date	Result	Date	Result	Date	Result	Date	Result	Date	Result
Blood Pressure	/ /		/ /		/ /		/ /		/ /		/ /	
Weight/ Height	/ /		/ /		/ /		/ /		/ /		/ /	
Pap (F)	/ /		/ /		/ /		/ /		/ /		/ /	
Pelvic Exam (F)	/ /		/ /		/ /		/ /		/ /		/ /	
Breast Exam (F)	/ /		/ /		/ /		/ /		/ /		/ /	
Bone Density	/ /		/ /		/ /		/ /		/ /		/ /	
Rectal Exam	/ /		/ /		/ /		/ /		/ /		/ /	
Colonoscopy	/ /		/ /		/ /		/ /		/ /		/ /	
Stool Analysis	/ /		/ /		/ /		/ /		/ /		/ /	
Testicular Exam (M)	/ /		/ /		/ /		/ /		/ /		/ /	
Skin Exam	/ /		/ /		/ /		/ /		/ /		/ /	

Foot Exam	/ /		/ /		/ /		/ /		/ /		/ /	
Vision Exam	/ /		/ /		/ /		/ /		/ /		/ /	
Glaucoma Screening	/ /		/ /		/ /		/ /		/ /		/ /	
Cholesterol Screening	/ /		/ /		/ /		/ /		/ /		/ /	
Audiogram (hearing loss)	/ /		/ /		/ /		/ /		/ /		/ /	
Complete Blood Count (CBC)	/ /		/ /		/ /		/ /		/ /		/ /	
Blood Glucose	/ /		/ /		/ /		/ /		/ /		/ /	
Thyroid Screening	/ /		/ /		/ /		/ /		/ /		/ /	
PSA (prostate) (M)	/ /		/ /		/ /		/ /		/ /		/ /	
Urinalysis (UA)	/ /		/ /		/ /		/ /		/ /		/ /	
Dental Visit	/ /		/ /		/ /		/ /		/ /		/ /	
Health Counseling												
Issues Discussed	Date	Result	Date	Result	Date	Result	Date	Result	Date	Result	Date	Result
Smoking Cessation	/ /		/ /		/ /		/ /		/ /		/ /	
Alcohol/Drugs	/ /		/ /		/ /		/ /		/ /		/ /	
Diet/Weight	/ /		/ /		/ /		/ /		/ /		/ /	
Vitamins, calcium, supplements	/ /		/ /		/ /		/ /		/ /		/ /	

Exercise	/ /		/ /		/ /		/ /		/ /		/ /	
Dental Care	/ /		/ /		/ /		/ /		/ /		/ /	
Eyesight	/ /		/ /		/ /		/ /		/ /		/ /	
Foot Care	/ /		/ /		/ /		/ /		/ /		/ /	
Sun Exposure	/ /		/ /		/ /		/ /		/ /		/ /	
Occupational Health	/ /		/ /		/ /		/ /		/ /		/ /	
Stress	/ /		/ /		/ /		/ /		/ /		/ /	
Family Issues	/ /		/ /		/ /		/ /		/ /		/ /	
Domestic Violence	/ /		/ /		/ /		/ /		/ /		/ /	
Sexual Matters	/ /		/ /		/ /		/ /		/ /		/ /	
Contraception	/ /		/ /		/ /		/ /		/ /		/ /	
Self-Exams (BSE, TSE, skin)	/ /		/ /		/ /		/ /		/ /		/ /	
Notes:												