

S&K Medical Associates Questionnaire

Male:

Female:

Please add dates for the following:

Complete Physical
Examination:

Mammogram(F)

Bone Mineral
Density (F)

Colonoscopy

Pap smear (F)

Ophthalmology

Immunizations:

Tetanus

Pneumovax(>65)

Flu

Prevnar 13 (>65)

Shingles

Typing your name below qualifies as your signature

Patient Signature