

Office Use Only—Follow up visit type:

Regular / PD / Nurse Visit / Telemedicine Visit / Televideo Visit/ Preventive Visit

Follow up _____

Reason _____

- Please go to the Lab: Today OR Before next appointment OR _____
Fasting **OR** Non-Fasting. (Fasting: no food or drink except for water 10-12 hours prior to the test.)
- Please go to X-ray.
- Please call (619) 446-1543 to schedule a Lab appointment (or schedule via Follow MyHealth).
- Please call (858) 653-6003 to schedule an X-ray appointment.
- Please call (858) 586-6730 to schedule all other imaging appointments (Mammography, CT, or MRI)
- Please call (858) 939-6561 to schedule a cardiology procedure.
- Please go to Health Information Management (HIM) to request outside medical records (see reverse side).
- Referral Specialist will contact you within 14 business days Physical Therapy within 10 business days.
- Please sign up for "FMH" by using the email link sent today or log in to sharp.followmyhealth.com. For assistance, call (858) 627-5201.
- Please call PCSD (Secure Horizon and Medicare Advantage) at (877) 257-7273 for behavioral health, Life Stance at (858)-279-1223 or _____
The phone number provided on the back of your insurance card.

Preventative Health Maintenance	Date
Pap 21-29 years old, every 3 years OR Pap/HPV female 30-65 years old every 5 years	
Chlamydia screening female (16-24 years old, yearly)	
Mammogram 50-74 years old (40-49 years old discuss with physician)	
Colon Cancer screening 45-75 years old (Colonoscopy / Annual Fit Test)	
*Bone Density (DEXA) (Female over 65 years old)	
*Fall risk/depression screening (Over 65 years old, yearly)	
Body mass index (12 years and older, annually)	
Advanced directive/POLST (over 80 years old)	
Diabetic:	Yes / No
Diabetic Eye Exam	Yes / No
Active on Follow My Health?	Yes / No

*Items highlighted in gray apply only to patients 65 years or greater

Vaccinations	Date
Other Vaccinations: Influenza (October-March)	
*Pneumonia Prevention Vaccine: over 65 or 19 with underlying health conditions.	
COVID-19 Vaccine	1 st 2 nd 3 rd
Shingrix Vaccine (Over 50 years old)	1 st 2 nd
Td/DT (Every 10 years)	
Tdap – Tetanus/diphtheria and pertussis booster	
HPV Vaccine 9+ years old	1 st
<ul style="list-style-type: none"> • 15+ years old – 3 doses: <ul style="list-style-type: none"> ○ 2nd dose given 1-2 months after 1st dose ○ 3rd dose given 6 months after 1st dose • 9-14 years old – 2 doses: <ul style="list-style-type: none"> ○ 2nd dose given 6-12 months after 1st dose 	2 nd
• NOTE: as long as series is started before age 15, complete with the 2 dose series	3 rd

Vital Signs	
Blood Pressure:	
Height/Weight:	
Other:	

**See reverse side for physician notes specific to your visit.
Thank you for choosing Sharp Rees-Stealy!**

Outside Medical Records Request:

In order to ensure we have the most up to date medical information to provide you with the very best care, please take this form to HIM to complete your medical records request.

Please email any medical correspondence, forms or medical records to SRS.Forms@sharp.com.

_____ Last _____ year(s) of medical records

Check if needed.

<input type="checkbox"/>	Labs	<input type="checkbox"/>	Last Pap Smear/HPV Report
<input type="checkbox"/>	Immunization Records	<input type="checkbox"/>	Last Mammography Report
<input type="checkbox"/>	Radiology Reports	<input type="checkbox"/>	Last Mammography Image
<input type="checkbox"/>	Last Colonoscopy	<input type="checkbox"/>	Last Hospital Discharge

All records regarding _____ (illness/injury/condition)

Other _____