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1 Cameron Hill Circle
Chattanooga, TN 37402

bcbst.com

VSHP Volunteer State Health Plan

Adult Preventive Health* Flow Sheet

Patient Information		
Name	ID Number	Date of Birth
Gender ☐ Male ☐ Female	Allergies	

Type of Result **N – Normal** **A – Abnormal** **R – Refused** **P – Pending**

Male/Female Screening	Date	Result	Date	Result	Date	Result	Date	Result
Cholesterol								
Colorectal Cancer Hemoccult/Colonoscopy								
Diabetes - HgbA1C								
Diabetes - Retinal Eye Exam								
Diabetes - Urine Microalbumin								
Hearing								
Vision								
Female Screening Only								
Bone Density (Age ≥ 60)								
Mammogram (Age ≥ 40)								
Chlamydia (Age ≤ 24) Urine/Endocervical								
Pelvic/Pap (Ages 18 – 65)								
Male Screening Only								
Abd. Aortic Aneurysm (Age ≥ 65)								
PSA (Age ≥ 45)								

Immunizations	Date	Date	Date	Notes
Hepatitis A (2 doses)				
Hepatitis B (3 doses)				
HPV (3 doses ≤ age 26)				
Influenza (Annually)				
Meningococcal (1 dose)				
MMR (1 or 2 doses)				
Pneumococcal (1 – 2 doses)				
Tetanus/Diphtheria (every 10 years)				
Varicella (2 doses)				
Zoster (1 dose ≥ 60)				

*Adult Preventive Health guidelines can be viewed on the company Web site, bcbst.com.

Payment of benefits remains subject to all benefit plan terms, conditions, applicable limits, exclusions and the member's eligibility for benefits at the time services are rendered.

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