

Maneuvers Checklist



Date: _____

Physician Name: _____

Clinic Name: _____

Are the maneuvers chosen per:

Physician Clinic PCO

Are the maneuvers selected being coordinated per:

Physician Clinic PCO

Maneuvers Menus for Adults

<input type="checkbox"/> Plasma Lipid Profile	<input type="checkbox"/> Pap Test
<input type="checkbox"/> CV Risk Calculation	<input type="checkbox"/> Mammography
<input type="checkbox"/> Blood Pressure	<input type="checkbox"/> Colorectal Cancer Screen
<input type="checkbox"/> Diabetes Screen	<input type="checkbox"/> Tobacco Use Assessment
<input type="checkbox"/> Height and Weight	<input type="checkbox"/> Influenza/Vaccination Screen
<input type="checkbox"/> Exercise	<input type="checkbox"/> Alcohol Use Assessment