RODY
CHIROPRACTIC

Clinical Quality Measure

____
Patient Name   Date

Are you currently on any medications?   Yes   or   No

If so, please list them:
____
____
____

Do you have any drug allergies?   Yes   or   No

If yes, please list them:
____
____
____

Are you a smoker?   Yes   or   No   If yes, how often do you smoke? ___________

For women 40-69 years only

Date of last mammogram   ___________ (List only if within 2 years)

For patients 50-75 years only

Date of last Colonoscopy   ___________ (List only if in the last 10 years)

Date of last Flexible Sigmoidoscopy   ___________ (List only if in the last 5 years)

Have you been diagnosed with Colorectal Cancer?   Yes   or   No

For patients 50 years of age and over

Have you had an Influenza Vaccine during flu season (Sept - Feb)?   Yes   or   No

For patients 64 years of age and over

Have you ever had a Pneumonia Vaccine?   Yes   or   No

Gordon M. Rody, D.C., B.C.A.O., D.A.C.S.
Amy J. Rody, D.C., B.C.A.O., B.S.
Jon A. Getbehead, D.C., B.C.A.O.

Rody Chiropractic
10614 Canyon Road East Puyallup, Washington 98373
Phone: 253-535-6006 | Fax: 253-535-6226 | rody-chiropractic.com