Southeastern Surgical Associates, PC
100 Camp Street
Hyannis, MA 02601
508-775-1984

This questionnaire is required by our Government to prove that we have achieved "Meaningful Use" of our Electronic Health Record System.

Only answer questions pertaining to your age group

NAME:_____ **DOB**_____ **DATE:**_____

***Please circle either Yes or No for the following questions

Colorectal Screening Ages 50-75		Approximate Date/Mo. & Yr.
Yes/No	Colonoscopy	_____
Yes/No	Flexible Sigmoidoscopy	_____
Yes/No	Fecal Occult Blood	_____

(The American Cancer Society recommends all patients over 50 have a screening Colonoscopy)

Pneumonia Vaccine Age 65 & Over		Approximate Date/Mo. & Yr.
Yes/No	Preventive Pneumonia	_____

Flu Vaccine Age 50 & Over		Approximate Date/Mo. & Yr.
Yes/No	Preventive Flu	_____

Breast Cancer Screening Women 40-69		Approximate Date/ Mo. & Yr.
Yes/No	Mammogram Screening	_____

Cervical Cancer Screening Women 23-64		Approximate Date/Mo. & Yr.
Yes/No	Pap Smear	_____