

NAME: Miss Patient**DOB:**

	YEAR 2008	YEAR 2009	YEAR 2010
January			
February	Eye check		Eye check
March	2 =Yrly R/V + urine Fluvax	6 =Yrly R/V+ECG Fluvax	2 =Yrly R/V + urine Fluvax + Pneumovax
April			
May		Pap and mammogram	
June	3 =Mx R/V + ¼ yrly R/V +ECG Referral Dr K	7 =725-Mx R/V + ¼ yrly R/V +ECG Referral Dr K	3 =Mx R/V + ¼ yrly R/V +ECG
July			
August	Dr K review	Dr K review	
September	4 =SIP + ½ yrly R/V	8 = SIP + ½ yrly R/V ECG	4 =SIP + ½ yrly R/V
October			
November			
December	5 =725-Mx R/V + ¼ yrly R/V +ABI	1 =725-Mx R/V + ¼ yrly R/V +ABI	5 =725-Mx R/V + ¼ yrly R/V +ABI

