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RESCISSIONS

The following material is rescinded.

1. COMPLETE RESCISSIONS

a. Circulars

10-82-4, Supplement No. 1
10-84-48
10-84-159
10-85-100, Supplement No. 1
10-86-30, Supplement No. 1
10-86-90
10-88-43
10-89-76
10-90-078

b. Information Letters

IL-10-84-24
IL-10-85-2
IL-11-87-3
IL-10-87-17
IL-11-88-12
IL-10-89-5
IL-11-89-06

CHAPTER 9. PREVENTIVE MEDICINE

9.01 GENERAL

a. The purpose of this chapter is to set policy for conducting the VA (Department of Veterans Affairs) PM (Preventive Medicine) Program. It is increasingly clear that the majority of diseases which cause death among Americans could be delayed or prevented through effective interventions such as screening and counseling aimed at early disease/risk factor identification and behavior modification. In recent years, VA has expanded its services to include preventive medicine paralleling a heightened awareness of the importance of ambulatory care.

b. PM began in VA with Public Law 96-22, June, 1979, the "Preventive Health Care Pilot Program." This program was primarily research oriented and provided for merit review proposal awards.

c. Public Law 98-160, November, 1983 - October, 1988 "Veterans Health Care Amendments" was landmark legislation because it mandated VA to provide preventive care. This law stated that VA was to provide at least one preventive service to each veteran receiving care for a service-connected disability and to each veteran with a disability rating of at least 50 percent receiving VA care for any purpose. It further authorized VA to provide preventive health services to any veteran under care.

d. To implement Public Law 98-160, VA utilized the following groups:

- (1) VA Central Office Preventive Health Care Task Force
- (2) The Policy Council
- (3) Preventive Medicine Field Advisory Group

The result of the deliberations of these groups was a basic list of preventive health care services to be used as guidance for the field in establishing program areas which can be appropriately and effectively applied to the veteran population. VA facilities were responsible for providing at least one service from the basic list to each eligible veteran as defined in paragraph 9.02. The exact nature of the service and the documentation was to be decided at the local level.

e. Every VA facility has a PMFC (PM Facility Coordinator) who is responsible for monitoring the performance of recommended prevention interventions at their facilities. They are to extend lines of communication to all preventive

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activities being conducted by clinical and lab services, the patient health education committee, and to administrative and other sources of information. They serve as the facility liaison with the VA PM Program office in Central Office.

9.02 POLICY

Each VA medical care facility will have a Preventive Medicine Program which will provide at least one preventive health care service to each veteran receiving care for a service-connected disability and to each veteran with a disability rating of at least 50 percent receiving VA care for any purpose or to any veteran under care.

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9.03 PREVENTIVE MEDICINE PROGRAM

a. The VA PM Program includes the following interventions (services) which were chosen because of potential benefit and the significant numbers of veterans at risk:

(1) Screening Tests

(a) Hypertension

(b) Cholesterol

(c) Cancer

1. Colorectal

2. Cervical

3. Breast

(2) Immunizations

Influenza

(3) Inquiry/Counseling

(a) Smoking

(b) Alcohol Abuse

(c) Nutrition/Weight Control

(d) Physical Fitness/Exercise

(e) Seat Belt Usage

b. PMFAG (Preventive Medicine Field Advisory Group). The PMFAG encourages activity in all interventions but recommends that one intervention be given special emphasis each year. Because of its importance as a major risk factor the PMFAG is recommending that smoking cessation be the special emphasis for FY 1991. Special emphasis interventions:

FY 1991

Smoking Cessation

FY 1989-90

Cholesterol Screening

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FY 1988
FY 1987
FY 1985-86

Smoking Cessation
Colorectal Cancer Screening
Influenza Immunizations

c. Smoking Cessation. Descriptions and general guidelines for the smoking cessation initiative are included in appendix 9B. A special annual report on the smoking cessation program, using VA Form 10-0136a, Special Initiative, Smoking Cessation Report, is to be completed by the Smoking Control Officer and the PMFC and faxed to the Coordinator, PMP (111A), VA Central Office, FTS 535-7487 by COB October 31. Each year a different "special initiative" report will be required. The subject and reporting instructions will be issued annually. RCS 10-0666 applies.

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9.04 COLLECTING AND REPORTING DATA

a. To assist the PMFC in collecting and reporting data, VA Central Office Program Office, the PMFAG, and MAS (Medical Administration Service) are developing an automated approach to collecting PM data. Screening clinic stop codes have been established for hypertension (701), cholesterol (702), breast/mammogram (703), cervical/pap smear (704), and colorectal/FOBT-Guaiac (705) cancers. Inquiry/counseling clinic stop codes have also been established for alcohol (706), smoking (707), nutrition and weight control (708), and physical fitness/exercise (709). Clinic stop code (710) has been established for influenza immunization and for injury counseling/seat belt usage (711).

b. Although program activity data is being collected by using outpatient clinic stop codes, this data will not be used in the CDR (Cost Distribution Report) or in RPM (Resource Planning Management). The clinic which is providing the PM service(s) should continue to receive credit for this workload. An example of this would be a patient seen in a general medicine clinic who has a cholesterol screen. Both stops, general medicine and cholesterol will be credited. Workload and CDR credit will be assigned to the general medicine clinic stop while the cholesterol screening will be recorded for program data collection only. No clinic visit should ever reflect a stop for only a PM service.

c. The data will be entered into the facility's DHCP (Decentralized Hospital Computer Program) system using the MAS Outpatient Scheduling System. PMFC's are urged to contact the Chief, MAS, for assistance in completing their PM annual report. Data should be reported for veterans only and the unit of measurement is the number of individual veterans screened not the number of tests performed.

d. The clinic stop data will be collected in the monthly report, COIN-OPS-73, RCS 10-0004, Ambulatory Care Program Veteran Eligibility by Clinic Stop, which is available from MAS. This report should provide most of the outpatient data for the annual report.

e. A PM annual report (RCS 10-0666, Preventive Medicine Program Report in VA under Pub. L. 98-160), using VA Form 10-0136 (see appendix 9C), is required on the PMP at each facility and is to be faxed to the Coordinator, PMP (111A), VA Central Office, FTS 535-7487 by COB October 31. This report will become part of the VA annual report to Congress.

9.05 PREVENTIVE MEDICINE GUIDELINES

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a. Using the "Management By Objectives" planning process adopted by the PHS (Public Health Service) in its establishment of a National Public Health Agenda, the PMFAG has identified 11 target preventive medicine recommendations for VA and has recommended 24 measurable goals (see appendix 9A) for the coming years. These guidelines are based largely on information contained in the U.S. Preventive Services Task Force, Guide To Clinical Preventive Services, and are intended for use by VA health care practitioners, particularly in the ambulatory care setting, where much of preventive medicine is delivered.

b. While it would be ideal if compliance with each of the recommendations were 100 percent, the PMFAG recognizes that in many cases this is not practical or feasible. Consequently, the PMFAG has identified numeric goals which in most cases are less than 100 percent. In establishing these goals, the PMFAG has drawn upon the PHS, Healthy People 2000: National Health Promotion and Disease Prevention Objectives as well as other national data. These goals are not meant to be final and will, along with the recommendations, be periodically reviewed, updated and revised.

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c. Suggested data sources for monitoring preventive care activities which hopefully will be of use to the PMFC at each facility can be found within the guidelines. These sources should be accessible to practitioners at each facility. Additional data sources such as a self-administered survey for patients and other information sources will be made available as they are developed.

d. Guidelines in appendix 9A will clarify national VA Preventive Medicine goals and better define preventive activities which have been shown to be effective.

VA PREVENTIVE MEDICINE GUIDELINES

1. SCREENING

a. HYPERTENSION SCREENING

TARGET CONDITIONS: Hypertension, Cardiovascular Disease.

TARGET GROUP: General outpatient population.

RECOMMENDATION: Blood pressure should be measured every 1 to 2 years for all VA outpatients. Diagnosis and follow-up of patients with hypertension should be in accordance with recently established guidelines.

GOALS: FY 1991, 75 percent of all VA Outpatient Clinics and 100 percent of all Primary Care Clinics include blood pressure checks with each patient visit.

DATA SOURCE: Survey of clinics and MAS Records on clinic activity.

DATA TO BE REPORTED: Percent of clinics routinely measuring Blood Pressures and the percent of outpatient workload covered in these clinics.

FY 1992+ 90 percent of all VA outpatients have had their Blood Pressure checked within the past 2 years.

DATA SOURCE: Patient Survey/Medical Record Audit

DATA TO BE REPORTED: Percent of patients who have had their Blood Pressure measured in the last 2 years.

FY 1992+ At least 75 percent of outpatients know whether they have normal or high blood pressure.

DATA SOURCE: Patient Survey.

DATA TO BE REPORTED: Percent of outpatients reporting they know their blood pressure level.

b. CHOLESTEROL SCREENING

TARGET CONDITION: Cardiovascular Disease.

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TARGET GROUP: General outpatient population, especially Male Primary Care Patients Aged 30 to 60.

RECOMMENDATION: Measurement of total serum cholesterol at least every 5 years is recommended for all primary care outpatients. Patients at high risk for developing cardiovascular disease may benefit from more frequent screening.

GOALS: FY 1991, 20 percent to 50 percent of patients in primary care clinics have had a cholesterol determination within the past year.

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DATA SOURCE: Laboratory Medicine data and/or medical record audit.

DATA TO BE REPORTED: Percent of primary care clinic patients with a cholesterol determination within past year.

FY 1992+ 75 percent primary care clinic patients know whether they have a normal or elevated cholesterol level.

DATA SOURCE: Patient Survey.

DATA TO BE REPORTED: Percent of primary care outpatients who know whether their cholesterol level is normal or elevated.

FY 1992+ Appropriate dietary/drug treatment has been initiated for at least 75 percent of patients with cholesterol levels of 265 MG/DL or higher

DATA SOURCE: Medical record audit/laboratory and pharmacy computerized records.

DATA TO BE REPORTED: Percent of primary care clinic patients with cholesterol levels of 265 or higher who have received treatment.

c. BREAST CANCER SCREENING

TARGET CONDITION: Breast Cancer.

TARGET GROUP: Woman aged 50+ or other women at increased risk for breast cancer.

RECOMMENDATION: All women over age 40 should receive an annual breast examination and all women age 50 through 75 should receive mammography every 1 to 2 years. Women at high risk for breast cancer may benefit from periodic mammographic screening beginning at an earlier age.

GOALS: FY 1991, 50 percent of women greater than or equal to age 50 have received a mammogram within the past year.

DATA SOURCE: Patient Survey/MAS (or radiology) records on the number of mammograms performed or contracted out for the fiscal year.

DATA TO BE REPORTED: FY 1991: Number of mammograms obtained at (or contracted out) for each medical center.

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FY 1992+ Percent women greater than or equal to age 50 who report a mammogram in the last year.

d. CERVICAL CANCER SCREENING

TARGET CONDITION: Cancer of the cervix.

TARGET GROUP: Women aged 18-65.

RECOMMENDATION: Regular PAP testing is recommended for all women beginning at the onset of sexual activity to be repeated every 1 to 3 years at the physician's

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discretion until age 65. PAP testing may be discontinued at age 65 if the woman has consistently had negative PAP tests prior to that time.

GOALS: FY 1991, 75 percent of women aged 18-65 have had a PAP test within the past 3 years.

DATA SOURCE: Patient survey/pathology records on number of PAP tests obtained during the fiscal year.

DATA TO BE REPORTED: FY 1991: Number of PAP tests obtained during the fiscal year.

FY 1992+ percent of women aged 18-65 reporting a PAP test within the past 3 years.

e. COLORECTAL CANCER SCREENING

TARGET CONDITION: Colorectal Cancer.

TARGET GROUP: General outpatient population age 50 and greater, especially outpatients followed in primary care clinics.

RECOMMENDATION: All primary care outpatients should receive Fecal Occult Blood Testing every 1 to 2 years beginning at age 50.

GOALS: FY 1991 50 percent of primary care clinic outpatients greater or equal to age 50 have received Fecal Occult Blood Testing within the past 2 years.

DATA SOURCE: Patient survey and/or laboratory service data.

DATA TO BE REPORTED: Percent of primary care outpatients, greater than or equal to age 50, who received Fecal Occult blood testing within the past 2 years.

2. COUNSELING

a. SMOKING/TOBACCO CESSATION COUNSELING

TARGET CONDITIONS: Cardiovascular and Pulmonary Disease, certain cancers.

TARGET GROUP: General outpatient population, especially patients followed in Primary Care Clinics.

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RECOMMENDATION: Smoking Cessation counseling should be offered on a regular basis to outpatients who smoke cigarettes, pipes, or cigars; counseling should also be offered to those who use smokeless tobacco.

GOALS: FY 1991, 100 percent of VA's have a formal quit smoking/tobacco program or have access to formal quit smoking programs.

DATA SOURCE: Survey of medical centers/MAS data on workload for that program.

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DATA TO BE REPORTED: Type of quit smoking program(s) available and numbers of patients treated in the program(s) for the fiscal year.

FY 1992+ At least 75 percent of primary care patients who smoke cigarettes or use tobacco report being counseled to quit smoking/tobacco within the past year.

DATA SOURCE: Patient Survey

DATA TO BE REPORTED: Percent of smoking patients who report being counseled to quit smoking.

FY 1992+ 50 percent of current smokers have attempted to or have successfully quit smoking in the past year.

DATA SOURCE: Patient Survey.

DATA TO BE REPORTED: Percent of current smokers who report having attempted to or successfully quit in the past year.

b. ALCOHOL MISUSE INQUIRY/COUNSELING

TARGET CONDITIONS: Alcohol dependence, medical complications of alcohol use, accidents, violence.

TARGET GROUP: General outpatient population, especially patients followed in primary care clinics.

RECOMMENDATION: Patients should be asked to describe their use of alcohol, should be screened for alcohol misuse on a regular basis, and should receive counseling regarding alcohol use on a regular basis. Health care providers should also offer the suspected abuser referral to an alcohol treatment program.

GOALS: FY 1991, 100 percent of VA Centers have alcohol and drug dependence treatment programs or have access to such programs.

DATA SOURCE: Survey of psychiatry units/treatment programs and MAS data on workload for that unit.

DATA TO BE REPORTED: Type of treatment program available and numbers of patients treated in the program for the fiscal year.

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FY 1992+ 75 percent of primary care patients have been screened for alcohol use/misuse in the past year.

DATA SOURCE: Patient survey and/or medical record audit.

DATA TO BE REPORTED: Percent of patients screened for alcohol use.

FY 1992+ 75 percent of primary care clinic patients who drink alcoholic beverages have been counseled about drinking and driving and the health affects of alcohol.

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DATA SOURCE: Patient Survey.

DATA TO BE REPORTED: Percent of patients having received counseling.

c. NUTRITION/WEIGHT CONTROL COUNSELING

TARGET CONDITIONS: Obesity and Associated Conditions.

TARGET GROUP: General outpatient population, especially primary care clinic outpatients.

RECOMMENDATION: Primary care providers should provide periodic counseling regarding dietary intake of calories, fat, cholesterol, complex carbohydrates, fiber, and sodium as appropriate for their patients.

GOALS: FY 1991, 100 percent of VA centers should have formal dietary instruction available to patients.

DATA SOURCE: Medical Center Survey/MAS data on dietitian workload for outpatients.

DATA TO BE REPORTED: Types of dietary instruction programs available and number of outpatients seen during past year.

FY 1992+ 75 percent of overweight primary care outpatients have received dietary instruction in weight control within the past year.

DATA SOURCE: Patient Survey.

DATA TO BE REPORTED: Percent of overweight outpatients reporting counseling for weight control within the past year.

d. PHYSICAL FITNESS/EXERCISE COUNSELING

TARGET CONDITIONS: Cardiovascular disease, general well-being.

TARGET GROUP: General outpatient population, especially primary care outpatients.

RECOMMENDATION: Primary care clinicians should counsel their patients to engage in a program of regular physical activity tailored to their health status and personal life style.

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GOALS: FY 1991, 100 percent of VA centers have RMS (Rehabilitation Medicine Service) programs or access to other exercise prescription specialists for outpatients.

DATA SOURCE: Medical Center Survey/MAS data on RMS workload.

DATA TO BE REPORTED: Number of outpatients seen in RMS exercise/physical fitness programs which emphasized regular, ongoing physical activity and physical conditioning.

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FY 1992+ 50 percent of Primary Care Outpatients have received physical activity counseling.

DATA SOURCE: Patient Survey.

DATA TO BE REPORTED: Percent of outpatients reporting receiving physical activity counseling.

e. INJURY PREVENTION COUNSELING/SEATBELT USAGE

TARGET CONDITION: Motor vehicle associated injury.

TARGET GROUP: General outpatient population, especially primary care outpatients.

RECOMMENDATION: All patients should be urged to use automobile restraints, to wear safety helmets while riding motorcycles, and to refrain from driving while under the influence of alcohol or other drugs.

GOALS: FY 1992+, 80 percent of primary care outpatients report regular use of automobile seatbelts.

DATA SOURCE: Patient Survey.

DATA TO BE REPORTED: Percent of outpatients who wear seatbelts regularly.

FY 1992+ 50 percent of primary care outpatients who do not wear seatbelts regularly have received counseling.

DATA SOURCE: Patient Survey.

DATA TO BE REPORTED: Percent reporting receiving counseling.

3. IMMUNIZATIONS

INFLUENZA IMMUNIZATION

TARGET CONDITION: Influenza and its complications.

TARGET GROUP: People at high-risk for complications from Influenza (age greater than or equal to 64 years, history of certain chronic illness, nursing home residents).

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RECOMMENDATION: Influenza vaccine should be offered annually to all persons aged 65 and older and to other people in high-risk groups.

GOALS: FY 1991, 60 percent of high-risk outpatients have received influenza vaccine in the past year.

DATA SOURCE: Patient survey and pharmacy records for number of vaccine doses dispensed.

DATA TO BE REPORTED: FY 1991: Number of vaccine doses dispensed.

FY 1992+ Percent of high-risk patients immunized.

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REFERENCES FOR PREVENTIVE MEDICINE GUIDELINES

Public Health Service, Healthy People: The Surgeon General's report on health promotion and disease prevention. Washington, DC; U.S. Department of Health, Education, and Welfare, Public Health Service, 1979; DHEW Publication NO. (PHS) 79-55071.

Public Health Service, Promoting Health/Preventing Disease: Objectives for the nation. Washington, DC; U.S. Department of Health and Human Services, Public Health Service, 1980.

Public Health Service, Healthy People 2000: National Health Promotion and Disease Prevention Objectives, Washington, DC; U.S. Department of Health and Human Services, Public Health Service, 1990.

US Preventive Services Task Force: Guide to Clinical Preventive Services, Baltimore; Williams and Wilkins, 1989.

PREVENTIVE MEDICINE PROGRAM

FY 1991 SPECIAL INITIATIVE
SMOKING/TOBACCO CESSATION

TARGET CONDITIONS: Cardiovascular and Pulmonary Disease, certain cancers.

TARGET GROUP: General outpatient population, especially patients followed in Primary Care Clinics.

RECOMMENDATION: Smoking Cessation counseling should be offered on a regular basis to outpatients who smoke cigarettes, pipes, or cigars. Counseling should also be offered to those who use smokeless tobacco.

GOALS: FY 1991 100 percent of VA's have a formal quit smoking/tobacco program or have access to formal quit smoking programs.

DATA SOURCE: Survey of medical centers/MAS data on workload for that program.

DATA TO BE REPORTED: Type of quit smoking program(s) available and numbers of patients treated in the program(s) for the fiscal year.

FY 1992+ At least 75 percent of primary care patients who smoke cigarettes or use tobacco report being counseled to quit smoking/tobacco within the past year.

DATA SOURCE: Patient Survey

DATA TO BE REPORTED: Percent of smoking patients who report being counseled to quit smoking.

FY 1992+ 50 percent of current smokers have attempted to or have successfully quit smoking in the past year.

DATA SOURCE: Patient Survey.

DATA TO BE REPORTED: Percent of current smokers who report having attempted to or successfully quit in the past year.

FY 1991 SPECIAL INITIATIVE
PREVENTIVE MEDICINE PROGRAM
SMOKING/TOBACCO CESSATION INTERVENTION REPORT (RCS 10-0666)

Facility City _____ No. _____ State _____ Zip Code _____
Facil.

Smoking Control Officer Name _____ FTS _____

Corres. Symbol () Title _____ FAX _____

Person Preparing Report _____ Date _____

1. Does your facility currently provide smoking/tobacco cessation classes
for patients? YES _____ NO _____ Employees? YES _____ NO _____

2. Name of the cessation program(s) _____

SPONSORING ORGANIZATION:

1. American Cancer Society _____ 2. American Hospital Assoc. _____

3. American Lung Association _____ 4. National Cancer Institute _____

5. Nicorette/Merrell Dow _____ 6. Other (Specify) _____

3. Number of Veterans
Counseled _____ Referred _____

4. Is nicotine gum available in your pharmacy? _____ YES _____ NO

5. Have you done a follow-up evaluation of quit rates for your program
enrollees? _____ YES _____ NO

Percentage quit at: 6 mos. _____ 12 mos. _____

6. How was evaluation done? _____

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INSTRUCTIONS FOR COMPLETING
PREVENTIVE MEDICINE PROGRAM REPORT (RSC 10-0666)

1. Reports must be submitted on VA Form 10-0316. Previous versions of this report are obsolete and must not be used.
2. Reports submitted on obsolete forms will be returned to the PMFC.
3. Narratives may be submitted but are not a substitute for the form.
4. The unit of measurement is the number of veterans (Unique SSN #) provided each intervention, not the number of interventions conducted.
5. VA medical centers with outpatient clinic substations are to combine all numbers and submit only one report.

NOTE: PMFCs should request from MAS, the number of individual veterans who were either inpatients or outpatients, or both, during FY 1991. These numbers should be compared to data reported for each intervention for determining coverage rates (percentage of veterans served).

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PREVENTIVE MEDICINE PROGRAM ANNUAL REPORT (RCS 10-0666)

Facility City _____ State _____ Facil. No. _____ Report Date _____

Preventive Medicine Coordinator Name/Title/Correspondence Symbol _____

DATA FAX No. _____ FTS No. _____

<u>Preventive Intervention</u>	<u>Number of Veterans Receiving Intervention</u>		
	<u>Inpatients</u>	<u>Outpatients</u>	<u>Total</u>
SCREENING TESTS:			
Hypertension	_____	_____	_____
Cholesterol	_____	_____	_____
Cancer			
Colorectal	_____	_____	_____
Cervical	_____	_____	_____
Breast	_____	_____	_____

INQUIRY/COUNSELING:	<u>Number of Veterans</u>	
	<u>Asked About</u>	<u>Referred to a Program</u>
Smoking	_____	_____
Alcohol	_____	_____
Nutrition/Weight Control	_____	_____
Physical Fitness/Exercise	_____	_____
Seatbelt Usage	_____	_____

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	<u>Number of Veterans Immunized</u>		
	<u>Inpatients</u>	<u>Outpatients</u>	<u>Total</u>
Influenza	_____	_____	_____

VA Form 10-0136
AUG 1991
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