

HUDSON VALLEY PRIMARY CARE

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Name: _____

DOB: _____

We would like you to take a moment to complete the following, in order to ensure that your medical record is completely up to date. Thank you so much for taking the time to do this.

Date of last colonoscopy: _____ Result: _____ Physician: _____

Mammogram: _____ Result: _____ Physician: _____

Dexa bone scan: _____ Result: _____ Physician: _____

Pap Smear: _____ Result: _____ Physician: _____

Influenza Vaccine: _____

Pneumonia Vaccine: _____

Tdap/Tetanus: _____

Eye exam: _____ Eye Doctor: _____

If you are a diabetic, have you had diabetes education? YES _____ NO _____

If you're a diabetic, would you be interested in working with a nurse to address any concerns or challenges that you might be having with diet & nutrition and learn ways to control your blood glucose levels in order to achieve optimal control of your diabetes? YES _____ NO _____