

A Prescription for Prevention



Patient Name: _____

PATIENT EDUCATION ON BACK Date: _____

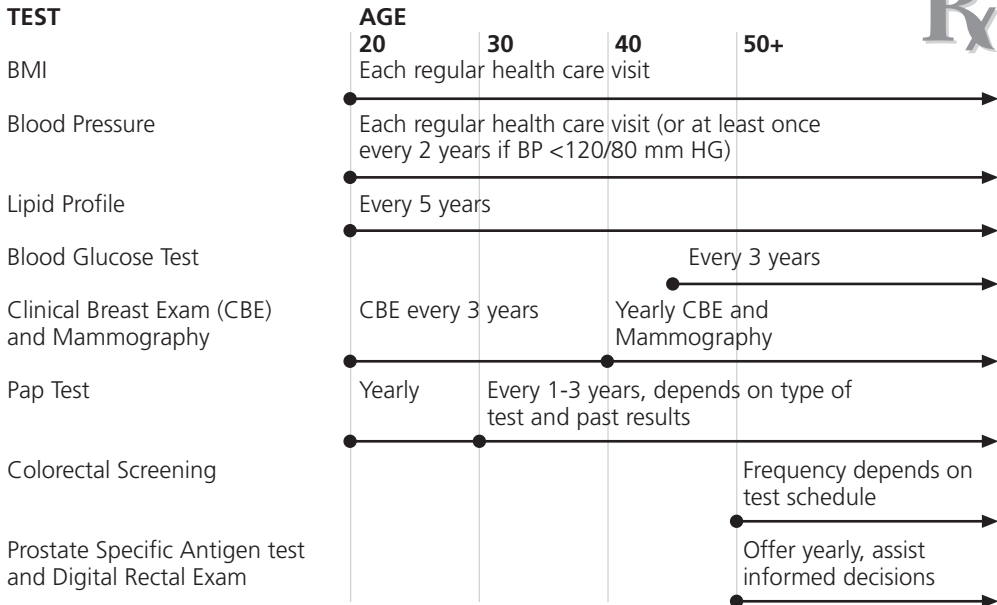
Check here:	Service Recommended	Comments:
<input type="checkbox"/>	Clinical Breast Examination	
<input type="checkbox"/>	Mammogram	
<input type="checkbox"/>	Pap Test	
<input type="checkbox"/>	Colorectal Screening	
<input type="checkbox"/>	Prostate Specific Antigen & DRE	
<input type="checkbox"/>	Smoking / Tobacco Use	
<input type="checkbox"/>	Nutrition	
<input type="checkbox"/>	Physical Activity	
<input type="checkbox"/>	Adult Immunizations	
<input type="checkbox"/>	Diabetes Screening	
<input type="checkbox"/>	Cardiovascular Disease Screening	

Provider Signature: _____

For cancer information 24 hours a day, call **1.800.ACS.2345** or visit **www.cancer.org**.

General Prevention Guidelines for All Average Risk Adults

Advice to patients on nutrition and physical activity: Achieve and maintain a healthy weight. • Exercise for at least 30 minutes on 5 or more days a week. • Eat at least 5 servings of vegetables and fruits daily.



Brought to you by the Everyday Choices For A Healthier Life Campaign of the American Cancer Society, American Diabetes Association, and American Heart Association. www.everydaychoices.org