

# Pre-visit planning checklist

Sample form for use in your practice. Use this log sheet to indicate which patients are due for which vaccines or other preventive care (e.g., cancer screenings). Adapt it for your practice's use and add other tests commonly planned for the day.

Name and title of staff: \_\_\_\_\_

Date: \_\_\_\_\_

**Instructions:** List the names of the patients you plan on seeing today, their date of birth (DOB), and mark which vaccine or boosters they are due for.

Patient Name	DOB	Influenza	PCV13 (Pneumovax®)	PPSV23 (Pneumovax®)	Zoster (Zostavax®)	Tdap	Hepatitis B	HPV	Other tests								


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Source: AMA. Practice transformation series: implementing a team-based adult immunization program. 2017.