



**Health Counseling**

Issues Discussed	Date	Result	Date	Result	Date	Result	Date	Result	Date	Result	Date	Result
Smoking Cessation	/ /		/ /		/ /		/ /		/ /		/ /	
Alcohol/Drugs	/ /		/ /		/ /		/ /		/ /		/ /	
Diet/Weight	/ /		/ /		/ /		/ /		/ /		/ /	
Vitamins, calcium, supplements	/ /		/ /		/ /		/ /		/ /		/ /	
Exercise	/ /		/ /		/ /		/ /		/ /		/ /	
Dental Care	/ /		/ /		/ /		/ /		/ /		/ /	
Eyesight	/ /		/ /		/ /		/ /		/ /		/ /	
Foot Care	/ /		/ /		/ /		/ /		/ /		/ /	
Sun Exposure	/ /		/ /		/ /		/ /		/ /		/ /	
Safety: Seatbelts, helmets, guns, household hazards	/ /		/ /		/ /		/ /		/ /		/ /	
Occupational Health	/ /		/ /		/ /		/ /		/ /		/ /	
Stress	/ /		/ /		/ /		/ /		/ /		/ /	
Family Issues	/ /		/ /		/ /		/ /		/ /		/ /	
Domestic Violence	/ /		/ /		/ /		/ /		/ /		/ /	
Sexual Matters	/ /		/ /		/ /		/ /		/ /		/ /	
Contraception	/ /		/ /		/ /		/ /		/ /		/ /	
Self-Exams (BSE, TSE, skin)	/ /		/ /		/ /		/ /		/ /		/ /	
Poly-pharmacy (multiple medications/interactions)	/ /		/ /		/ /		/ /		/ /		/ /	
Advance Directives												