



## Screenings Scorecard

**Preventative health is important - even if you don't feel sick.** Primary Care Providers offer a variety of preventative health care screenings and tests for men and women throughout their lives.

Here are some of the most commonly recommended screenings:

Screenings		18-39 years	40- 49 years	50-64 years	65-74 years	75+ years
Both Men & Women	<b>Blood Pressure</b>	Every 3 years	Yearly	Yearly	Yearly	Yearly
	<b>Cholesterol</b>	Every 5 years	Every 5 years	Every 5 years	Every 5 years	Every 5 years
	<b>Diabetes</b>	Based on individual risk	Based on individual risk	Based on individual risk	Based on individual risk	Based on individual risk
	<b>Colorectal Cancer</b>	-	Based on individual risk, family history	Colonoscopy: once every 10 years. FOBT: once a year	Colonoscopy: once every 10 years. FOBT: once a year	Colonoscopy: once every 10 years. FOBT: once a year
	<b>Lung Cancer</b>	-	-	Yearly for patients with a history of smoking	Yearly for patients with a history of smoking	Yearly for patients with a history of smoking
	<b>Hepatitis C</b>	At least once in your life				
	<b>Skin Cancer</b>	Every 3 years	Yearly	Yearly	Yearly	Yearly
	<b>Depression</b>	Yearly	Yearly	Yearly	Yearly	Yearly
	<b>Immunizations</b>	Offered yearly	Offered yearly	Offered yearly	Offered yearly	Offered yearly
	<b>Obesity</b>	Yearly	Yearly	Yearly	Yearly	Yearly
	<b>HIV</b>	At least once by 65 years old				

Screenings		18-39 years	40- 49 years	50-64 years	65-74 years	75+ years
Women	Mammogram	-	Based on individual risk, family history	Every two years	Every two years	Based on individual risk
	Pap Smear	Every 3 years beginning at age 21	Every 3 years for Pap test, every 5 years with an HPV test	Every 3 years for Pap test, every 5 years with an HPV test	Based on physician's recommendation	Based on physician's recommendation
	Bone Density Test	-	-	Every two years for postmenopausal patients	Every two years	Every two years
	Clinical Breast Exam	Yearly	Yearly	Yearly	Yearly	Yearly
	Pelvic Exam	Yearly	Yearly	Yearly	Yearly	Yearly
Men	Prostate Exam	-	Based on individual risk, family history	Offered yearly; based on recommendation	Offered yearly; based on recommendation	-

## Looking for more details?

Find more information on preventative care services you or your loved ones may need to stay healthy here: [health.gov/myhealthfinder](https://www.health.gov/myhealthfinder)





## Preventative Care Checklist for Adults

### Three easy steps to a healthier you!

1. Take this checklist with you to your next visit with your Primary Care Provider.
2. Talk with your doctor about each important Preventative Care Discussion Topic
3. Ask if and when you may need each test and screenings. Record the results of each test below.

**This checklist is for your records to help you stay on track with your preventative care.**

At your visit, talk with your doctor about:	APPOINTMENTS:	Date received / scheduled
<ul style="list-style-type: none"> <li><input type="checkbox"/> Review your current diagnosed conditions &amp; medications (use the Medicine Tracker on the back)</li> <li><input type="checkbox"/> How much physical activity is right for you and your diet, especially if you are at a higher risk for chronic disease</li> <li><input type="checkbox"/> What to do if you are feeling down or depressed</li> <li><input type="checkbox"/> Share much alcohol you regularly drink</li> <li><input type="checkbox"/> If smoking, what resources are there to help you quit. If you are 50 years or older and a current smoker or have smoked in the past 15 years, discuss your annual lung cancer screening options.</li> <li><input type="checkbox"/> If 65 years or older, ask how to lower your risk of falling</li> <li><input type="checkbox"/> If you are due for any immunizations</li> </ul>	<input type="checkbox"/> <b>Annual Physical Exam &amp; Wellness Visit</b> Blood Pressure____/____height____weight____	
	<input type="checkbox"/> <b>Annual Dental</b>	
	<input type="checkbox"/> <b>Annual Eye Exam</b>	
	TESTS & SCREENINGS	Date received / scheduled
	<input type="checkbox"/> <b>Colorectal Cancer Screening</b>	
<p style="text-align: center;"><b>Immunizations for Adults</b></p> <p><b>Influenza:</b> Seasonal yearly  <b>COVID-19:</b> Primary series with boosters as recommended  <b>Varicella:</b> Adults born after 1980 who do not have a history of chickenpox or vaccination  <b>Tdap:</b> Every 10 years, every pregnancy  <b>Hep A:</b> High risk populations should be revaccinated as adults  <b>Hep B:</b> all health care workers or high risk of exposure at work or home  <b>HPV:</b> One time series for young adults 26 &amp; younger  <b>MMR:</b> Adults born in US after 1957 who have not received MMR or whose titers show they are not immune  <b>Pneumococcal Pneumonia:</b> 65+, or 19-64 with immunocompromise or other risk factors  <b>Shingles:</b> 50+</p> <p><i>Review the CDC's Adult Immunization schedule for more details.</i></p>	<input type="checkbox"/> <b>Cholesterol Screening</b> <ul style="list-style-type: none"> <li>• Total cholesterol_____</li> <li>• LDL (bad) cholesterol _____</li> <li>• HDL (good) cholesterol_____</li> <li>• Triglycerides:_____</li> </ul>	
	<input type="checkbox"/> <b>Diabetes Screening</b> A1C (Blood sugar) _____	
	<input type="checkbox"/> <b>Obesity Screening</b> Body Mass Index(BMI) _____	
	For Men	Date received / scheduled
	<input type="checkbox"/> <b>Prostate Cancer Screening</b>	
	For Women	Date received / scheduled
	<input type="checkbox"/> <b>Mammography</b>	
	<input type="checkbox"/> <b>Bone Density Test</b> T-score: _____	
	<input type="checkbox"/> <b>Pap Smear</b>	
	<input type="checkbox"/> <b>Clinical Breast Exam</b>	
<input type="checkbox"/> <b>Pelvic Exam</b>		

# Preventative Care Checklist for Adults

Ask your doctor to list each condition


## Medicine Tracker

Fill out this form and **bring it with you to your doctor** to help review your medications

Medication \_\_\_\_\_

Allergies: \_\_\_\_\_ Pharmacy Phone Number \_\_\_\_\_

Pharmacy Name & Location: \_\_\_\_\_

Name of Medication	When & how much to take?	What do you take it for?	Doctor/Prescriber

## Medication Tips

Talk to your doctor, nurse, or pharmacist to understand what each medication is treating and why you are taking it. **Here are some questions you might ask:**

- What is the name of the medication?
- Why am I taking it?
- When & how am I supposed to take it?
- How long am I supposed to take it?
- Should I avoid anything (food, drink, driving, alcohol, other medications?)
- What are the side effects?
- What happens if I don't take it or I miss a dose?

**Here are some tips to help you take your medications correctly - especially if you take several:**

- Use a pill box to count out your medications a week in advance. It's easier to see if you missed a dose.
- Use an alarm on your smart phone or watch to remind you when to take a dose.
- Use a daily planner to schedule your "medication appointments" to help you remember.
- Request refills of prescriptions a few days before you run out so don't miss any doses.