Annual Health Screening Recommendations

Name: _____ Age:_____ Date: _____

This format is to assist individuals, families, and other support providers to ensure that screening tests that are appropriate to the individual are considered at the annual physical. Review BEFORE the annual health visit.

All Adults		Last date screen performed	Ask MD to evaluate need for screening
Height/Weight Measurement	Annually		☐
Clinical breast/ testicular exam	Annually		☐
Cancer Screening			
Mammography *(Women)*	Every 1-2 years after age 40, at discretion of Physician /patient. Earlier if family history. Annually after age 50.		☐
Pap Smear *(Women)*	For women with prior sexual activity, every 1-3 years after age 19. May be omitted after age 65 if previous screenings were consistently normal.		☐
Colorectal Cancer screen:			
Fecal Occult Blood Testing	Annually after age 50		☐
Sigmoidoscopy	Every 5 years after age 50		☐
Colonoscopy	Every 10 years after age 50, per MD recommendation or if above screen not performed.		☐
Prostate cancer screen *(Men)*	Per MD recommendation after age 50		☐
Skin cancer screen	Per MD recommendation.		☐
Other Recommended Screening			
Hypertension	Annually		☐
Cholesterol	Every 5 years or at physician discretion.		☐
Diabetes (Type II)	Fasting plasma glucose screen for people at high risk. At least every 5 years until age 45. Every 3 years after age 45.		☐
Liver function	Test annually for Hepatitis B carriers		☐
Osteoporosis	Bone density screening per risk factors of general population. Additional risk factors include medications, mobility impairment, hypothyroid.		☐
Infectious Disease Screening			
Chlamydia & STDs	Annually, if at risk		☐
HIV	Periodic testing if at risk.		☐
Hepatitis B & C	Periodic testing if at risk.		☐
Tuberculosis	Skin testing every 1-2 years for individuals at risk		☐

Sensory Screening		Last date	Ask MD
Hearing assessment	Screen annually. Re-evaluate if hearing problem reported or change in behavior noted.		☐
Vision assessment	Screen annually. Re-evaluate if vision problems or change in behavior noted.		☐
Glaucoma	Screen at least once before age 40. Screen every 3-5 years if risk factors present. Every 2-4 years after age 40.		☐
Mental and Behavioral Health			
Depression	Screen annually for sleep, appetite disturbance, weight loss, general agitation		☐
Dementia	Monitor for problems performing daily activities. In persons with Down Syndrome, annual screen after age 40.		☐
Immunizations ***(in addition to routine childhood immunizations)***			
Tetanus diphtheria booster	Every 10 years		☐
Influenza vaccine	Annually		☐
Pneumococcal vaccine	Once		☐
Hepatitis B vaccine	Once. Reevaluate antibody status every 5 years.		☐
Down Syndrome (in addition to above recommendations)			
Thyroid function test	Every 3 years (sensitive TSH)		☐
Cervical spine x-ray to rule out atlanto-axial instability.	Obtain baseline as adult. Recommend repeat if symptomatic.		☐
Echocardiogram	Baseline, if no records of cardiac function are available.		☐
General Counseling and Guidance			
Prevention Counseling	Annually counsel regarding prevention of accidents related to falls, fire/burns, choking.		☐
Abuse or neglect	Monitor for behavioral signs of abuse and neglect.		☐
Healthy Lifestyle	Annually counsel regarding diet/nutrition, incorporating physical activity into daily routines, substance abuse.		☐
Preconception counseling.	As appropriate, including genetic counseling, folic acid supplementation, discussion of parenting capability.		☐

Other Screening to be Considered at this appointment: *(may include tests recommended previously or by other clinicians that have not yet been performed)*

Justification if physician chooses not to screen: