

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				<input type="checkbox"/>
Clinical breast/ testicular exam	Annually				<input type="checkbox"/>
Cancer Screening					
Mammography (Women)	Every 1-2 years after age 40, at discretion of Physician /patient. Earlier if family history. Annually after age 50.				<input type="checkbox"/>
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.				<input type="checkbox"/>
Colorectal Cancer screen:					
Fecal Occult Blood Testing	Annually after age 50				<input type="checkbox"/>
Sigmoidoscopy	Every 5 years after age 50				<input type="checkbox"/>
Colonoscopy	Every 10 years after age 50, per MD recommendation or if above screen not performed.				<input type="checkbox"/>
Prostate cancer screen (Men)	Per MD recommendation after age 50				<input type="checkbox"/>
Skin cancer screen	Per MD recommendation.				<input type="checkbox"/>
Other Recommended Screening					
Hypertension	Annually				<input type="checkbox"/>
Cholesterol	Every 5 years or at physician discretion.				<input type="checkbox"/>
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.				<input type="checkbox"/>
Liver function	Test annually for Hepatitis B carriers				<input type="checkbox"/>
Osteoporosis	Bone density screening per risk factors of general population. Additional risk factors include medications, mobility impairment, hypothyroid.				<input type="checkbox"/>
Infectious Disease Screening					
Chlamydia & STDs	Annually, if at risk				<input type="checkbox"/>
HIV	Periodic testing if at risk.				<input type="checkbox"/>
Hepatitis B & C	Periodic testing if at risk.				<input type="checkbox"/>
Tuberculosis	Skin testing every 1-2 years for individuals at risk				<input type="checkbox"/>

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Sensory Screening

Last date Ask MD

Hearing assessment	Screen annually. Re-evaluate if hearing problem reported or change in behavior noted.			<input type="checkbox"/>
Vision assessment	Screen annually. Re-evaluate if vision problems or change in behavior noted.			<input type="checkbox"/>
Glaucoma	Screen at least once before age 40. Screen every 3-5 years if risk factors present. Every 2-4 years after age 40.			<input type="checkbox"/>

Mental and Behavioral Health

Depression	Screen annually for sleep, appetite disturbance, weight loss, general agitation			<input type="checkbox"/>
Dementia	Monitor for problems performing daily activities. In persons with Down Syndrome, annual screen after age 40.			<input type="checkbox"/>

Immunizations (in addition to routine childhood immunizations)

Tetanus diphtheria booster	Every 10 years			<input type="checkbox"/>
Influenza vaccine	Annually			<input type="checkbox"/>
Pneumococcal vaccine	Once			<input type="checkbox"/>
Hepatitis B vaccine	Once. Reevaluate antibody status every 5 years.			<input type="checkbox"/>

Down Syndrome (in addition to above recommendations)

Thyroid function test	Every 3 years (sensitive TSH)			<input type="checkbox"/>
Cervical spine x-ray to rule out atlanto-axial instability.	Obtain baseline as adult. Recommend repeat if symptomatic.			<input type="checkbox"/>
Echocardiogram	Baseline, if no records of cardiac function are available.			<input type="checkbox"/>

General Counseling and Guidance

Prevention Counseling	Annually counsel regarding prevention of accidents related to falls, fire/burns, choking.			<input type="checkbox"/>
Abuse or neglect	Monitor for behavioral signs of abuse and neglect.			<input type="checkbox"/>
Healthy Lifestyle	Annually counsel regarding diet/nutrition, incorporating physical activity into daily routines, substance abuse.			<input type="checkbox"/>
Preconception counseling.	As appropriate, including genetic counseling, folic acid supplementation, discussion of parenting capability.			<input type="checkbox"/>

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: