

Wellness Recommendations for Adults

To stay healthy, it is important to get the care you need. This chart tells you what exams, screenings, tests, and vaccines you need and how often.

Needed	Recommendations	Action
History & Physical, Weight & Basal Metabolic Index (BMI)	<ul style="list-style-type: none"> Every year along with risk factor counseling/discussion, such as: diabetes, depression, alcohol misuse, substance abuse, healthy diet & aspirin use. 	<input type="checkbox"/>
Blood Pressure Screening	<ul style="list-style-type: none"> Check at least annually & at every visit (<i>more often if your BP is high</i>) 	<input type="checkbox"/>
Cholesterol, Triglyceride, HDL/LDL Screening	<ul style="list-style-type: none"> Starting at age 20, check at least every 5 years (<i>check more often if cholesterol is high</i>) 	<input type="checkbox"/>
Colon Cancer Screening: Stool Samples, or Colonoscopy	<ul style="list-style-type: none"> Stool sample every year beginning at age 50. Starting at age 50, get a colonoscopy every 10 years (<i>more often if you are high risk</i>) 	<input type="checkbox"/>
Eye Exam	<ul style="list-style-type: none"> 40-65 years of age: Every 2-4 years. Over 65 years of age: Every 1-2 years. 	<input type="checkbox"/>
Immunizations		
<ul style="list-style-type: none"> Flu (influenza) Vaccine 	<ul style="list-style-type: none"> Every year for all members 6 months and older. 	<input type="checkbox"/>
<ul style="list-style-type: none"> Tetanus/Diphtheria/ Pertussis (Tdap) 	<ul style="list-style-type: none"> Every 10 years (<i>may need booster after injury</i>) [<i>If pregnant, get Tetanus (Td)</i>] 	<input type="checkbox"/>
<ul style="list-style-type: none"> Hepatitis B 	<ul style="list-style-type: none"> Certain job classifications (healthcare, police, fire, etc) & high risk should be vaccinated—check with your PCP 	<input type="checkbox"/>
<ul style="list-style-type: none"> Pneumovax (pneumonia) 	<ul style="list-style-type: none"> 19-64 years of age: if you have any chronic disease or smoke. 1 time revaccination will be needed. Over 65 years of age: 1 immunization. If received immunization prior to age 65, will need second vaccine at least 5 years after last immunization. 	<input type="checkbox"/>
<ul style="list-style-type: none"> Zostavax 	<ul style="list-style-type: none"> <u>At age 60 & older</u>: 1 dose 	<input type="checkbox"/>
<ul style="list-style-type: none"> HPV (Human Papillomavirus) 	<ul style="list-style-type: none"> All members 9 – 26 years of age: 3-dose series (first dose <u>must be started by</u> 26 years, 6 months and last dose <u>prior to</u> 27th birthday) 	<input type="checkbox"/>
Skin	<ul style="list-style-type: none"> Check yourself for any spots, sores, and moles (<i>call your PCP if you're not sure</i>) 	<input type="checkbox"/>
Dental	<ul style="list-style-type: none"> Get an exam & cleaning every 6 months. 	<input type="checkbox"/>
HIV Screening	<ul style="list-style-type: none"> All members 13 – 64 years should be voluntarily screened 	<input type="checkbox"/>
For Women Only	Recommendations	Action
Breast Cancer Screening: Mammogram	<ul style="list-style-type: none"> Every year starting at age 40 – earlier if you are high risk for breast cancer (<i>check w/your PCP to see if you are high risk</i>) BRCA testing for those at risk * see USPSTF Guidelines (<i>check w/PCP</i>) 	<input type="checkbox"/>
Cervical Cancer Screening: Pap Test	<ul style="list-style-type: none"> Age 21 – 30 should be screened every two years or younger if high risk After age 30, <u>may</u> be screened every three years – check with your doctor Not indicated if hysterectomy & no cervix, unless it was for cancer Stop at age 65 – 70, unless increased risk, check with your doctor 	<input type="checkbox"/>
Chlamydia Screening	<ul style="list-style-type: none"> Annually for all sexually active women age 24 & younger 	<input type="checkbox"/>
Bone Density Screening: Osteoporosis	<ul style="list-style-type: none"> Starting at age 65 for all postmenopausal women; follow-up every 2 yrs Screening before age 65, if at risk for Osteoporosis (<i>check with your PCP to see if you are high risk</i>) 	<input type="checkbox"/>
Prenatal care	<ul style="list-style-type: none"> Routine prenatal & postnatal care, labs, immunizations & counseling, including breastfeeding, as determined by your PCP or OB/GYN 	<input type="checkbox"/>
For Men Only	Recommendations	Action
Prostate Cancer Screening	<ul style="list-style-type: none"> Discuss the risks and potential benefits of screening with your PCP. 	<input type="checkbox"/>
Testicular Self-exam	<ul style="list-style-type: none"> Once a month (<i>call your PCP if you're not sure</i>) 	<input type="checkbox"/>
Screening for Abdominal Aortic Aneurysms (AAA)	<ul style="list-style-type: none"> Age 65-75: 1 time AAA screening if you have smoked at least 100 cigarettes in your lifetime. 	<input type="checkbox"/>