



# We're all about your health and your health care coverage

## Preventive Care Checklist & Guide

**Name:**

**Date of Birth:**

| Screening/Treatment        | How Often       | For Whom  | Date service received | Results |
|----------------------------|-----------------|---|-----------------------|---------|
| Cervical Cancer            | Every 3-5 years | Age 21+   |                       |         |
| Colon Cancer (Colonoscopy) | Every 10 years  | All 50-75 and early evaluation recommended if family history  |                       |         |
| Dental exam                | Every 6 months  | All   |                       |         |
| Lung Cancer                | Once            | All 55-74 with tobacco history  |                       |         |
| Prostate Cancer            | Once            | Men 40+   |                       |         |
| Breast Cancer              | Every year      | All   |                       |         |
| Flu Vaccine                | Yearly          | All   |                       |         |
| Abdominal aortic aneurysm  | Once            | Men 65-75 with tobacco history  |                       |         |
| Diabetes                   | Every 3 years   | Adults 45+, those below 45 with cardiovascular risks, high blood pressure, obesity and family history of diabetes |                       |         |

| Screening/Treatment                          | How Often   | For Whom                                      | Date service received | Results |
|--|---|---|-----------------------|---------|
| Cholesterol                                  | Every year  | All   |                       |         |
| Tetanus, diptheria, pertussis (Td/Tdap) shot | Once  | All 19-64 and all 65+ in contact with infants |                       |         |
| Pneumonia Vaccine                            | Speak to your doctor  | All 50+                                       |                       |         |
| BMI (Body Mass Index)                        | Every Year  | All   |                       |         |
| Vision/Glaucoma screening                    | Age 40 to 64: every 2 to 4 years. Age 65 or older: every 1 to 2 years.                            | All 40+                                       |                       |         |
| Hearing screening                            | Adults should be screened at least every decade through age 50 and at 3-year intervals thereafter | All   |                       |         |
| Blood sugar testing                          | Routinely   | All   |                       |         |
| Cardiovascular disease                       | Every 5 years   | All   |                       |         |
| Mammogram                                    | Women ages 50 to 74 years should get a mammogram every 2 years                                    | Women 50-74                                   |                       |         |
| Shingles Vaccine                             | Once  | All 60+                                       |                       |         |
| Osteoporosis                                 | Once  | All 60+                                       |                       |         |

**Sources: Centers for Disease and Control, Womenshealth.gov, American Speech-Language-Hearing Association, National Institute for Health, Mayo Clinic, Diabetes Institute, Web MD.**