

Preventive HEALTH Guidelines



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For Adults...

Some Healthy Tips To A Better You!



PREVENTIVE GUIDELINES

21-39 YRS.

40-49 YRS.

50-64 YRS.

65 & OLDER

History & Physical

| | | | | |
|----------------------------------|--|--------------------------------|--------------------------------|--------------------------------|
| Initial Health Assessment | • Within 120 days of enrollment | • Same | • Same | • Same |
| Complete History & Physical | • Every 1-3 Years | • Same | • Same | • Yearly |
| Blood Pressure | • With each history & physical | • Same | • Same | • Same |
| Height | • With initial history & physical | • Same | • Same | • Same |
| Weight | • With each history & physical | • Same | • Same | • Same |
| “Staying Healthy” Assessment | • Every 3-5 Years | • Same | • Same | • Same |
| Vision/Hearing/Dental Assessment | • Periodic assessment w/ referral when indicated | • Same | • Same | • Same |
| Digital Rectal Exam | • None | • With each history & physical | • With each history & physical | • With each history & physical |

Laboratory/Diagnostic Studies

| | | | | |
|--------------------------------|---|---------|-------------------|-------------------|
| Fecal Occult Blood | • None | • None* | • Yearly | • Yearly |
| Sigmoidoscopy/Colonoscopy | • None | • None* | • Every 3-5 years | • Every 3-5 years |
| Cholesterol Screening | • Over 20 years and as needed for high-risk | • Same | • Same | • Same |
| TB Screening (tuberculin test) | • With each history & physical and testing for all members at increased risk, for healthcare workers, or those visiting outside the United States | • Same | • Same | • Same |
| Chlamydia | • Every year for sexually active women under age 26 & high risk men | • None* | • None* | • None* |

Immunizations

| | | | | |
|-----------------|--|--------|--------|---------------------------------------|
| Influenza | • Yearly for high-risk individuals | • Same | • Same | • Same |
| Pneumococcal | • Once if at risk for developing Pneumococcal disease, then booster at 5 years | • Same | • Same | • Once at 65, then booster at 5 years |
| Tetanus | • Booster every 10 years | • Same | • Same | • Same |
| Varicella | • For susceptible and high-risk individuals | • Same | • Same | • Same |
| Hepatitis A | • For persons at high-risk | • Same | • Same | • Same |
| Hepatitis B | • For high-risk individuals with no evidence of previous immunizations | • Same | • Same | • Same |
| Meningococcal | • For persons at high-risk | • Same | • Same | • Same |
| Measles & Mumps | • If no proof of immunity or previous 2nd dose | • Same | • Same | • Same |
| Rubella | • All women of childbearing age if susceptible; if pregnant & susceptible immediately following delivery | • Same | • Same | • Same |

For Women Only

| | | | | |
|----------------------------------|---|----------|----------|--------------------------------------|
| Pelvic Exam | • Every 1-3 years | • Yearly | • Yearly | • Yearly |
| PAP | • Every 1-3 years depending on risk factors | • Same | • Same | • None if previous screenings normal |
| | • Every 3 years for low risk patients who have had 2 negative annual PAP smears. Annual PAP recommended for patients on pharmacologic birth control | • Same | • Same | • Same |
| Human Papillomavirus (HPV) | • 3 doses for women ages thru 26 | • None | • None | • None |
| Mammogram & Clinical Breast Exam | • Not required | • Yearly | • Yearly | • Yearly |

Source: Guide to Clinical Preventive Services, Second Edition, Report of the U.S. Preventive Services Task Force.

*None - Unless clinical indication