



NH Bureau of Developmental Services Annual Health Screening Recommendations

Based on Mass Health Quality Partnership (MHQP) Adult Preventive Care Recommendations 2010/11

Name: _____ Age: _____

Date: _____

All Adults

		Date of last screen	Ask HCP to evaluate need for screening
Height/Weight/BMI	Annually.		<input type="checkbox"/>
Colorectal Cancer screen	Annual Fecal Occult Blood Testing ages 50+ OR		<input type="checkbox"/>
	FOBT + Sigmoidoscopy every 5 years ages 50+ OR		<input type="checkbox"/>
	Colonoscopy every 10 years at ages 50+, per HCP recommendation or if above screens not performed.		<input type="checkbox"/>
Skin cancer screen	Total skin examination every 3 years from 20 – 39. Annually age 40 and older.		<input type="checkbox"/>
Hypertension	At least annually.		<input type="checkbox"/>
Cholesterol	Every 5 years or at HCP discretion.		<input type="checkbox"/>
Diabetes (Type II)	HgbA1c or fasting plasma glucose screen at least every 5 years until age 45 if at high risk. Every 3 years after age 45.		<input type="checkbox"/>
Osteoporosis	Consider Bone Mineral Density (BMD) testing ages 19-59 when risk factors are present (including medications, mobility impairment, hypothyroid). BMD testing for others age 60-65.		<input type="checkbox"/>
Dysphagia and Aspiration	Assess for swallowing problems and symptoms of GERD annually.		<input type="checkbox"/>
STDs	Screen 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"/>
Depression	Screen annually for sleep, appetite disturbance, weight loss, general agitation.		<input type="checkbox"/>
Dementia	Monitor for problems performing daily activities.		<input type="checkbox"/>

Men

Testicular exam	Annually		<input type="checkbox"/>
Prostate cancer screen (PSA or DRE)	Discuss risks and benefits of screen age 50-75, based on presence of symptoms and clinician/patient discretion; Discuss screen age 40-49 if at risk.		<input type="checkbox"/>

Women

Clinical breast exam	Annually		<input type="checkbox"/>
Mammography	Annually ages 50-69; earlier at HCP discretion.		<input type="checkbox"/>
Pap Smear	Every 2 years through age 29 and every 3 years ages 30-65, depending on risk factors.		<input type="checkbox"/>

Immunizations

Last Date Ask HCP

Tetanus-diphtheria (Tdap)	Three doses given once. TD booster every 10 yrs.		<input type="checkbox"/>
Influenza vaccine	Annually.		<input type="checkbox"/>
Pneumococcal vaccine	Once (booster at age 65).		<input type="checkbox"/>
Hepatitis B vaccine	One series of 3 vaccinations. Reevaluate antibody status every 5 years.		<input type="checkbox"/>
HPV Vaccine	Three doses for unvaccinated adults aged 9-26.		

Vision and Hearing

Eye Examination	<p>All should be under an active vision care plan and eye examination schedule based on recommendations from an ophthalmologist or optometrist.</p> <ul style="list-style-type: none"> •Includes a glaucoma assessment at least once by age 22. •People with diabetes should have an annual eye exam. 		<input type="checkbox"/>
Hearing Assessment	Annually. Re-evaluate if hearing problem reported or change in behavior noted.		<input type="checkbox"/>

General Counseling and Guidance

Prevention Counseling	Annually. Accident/fall prevention, fire/burns, choking.
Abuse or neglect	Annually monitor for behavioral signs of abuse and neglect.
Healthy Lifestyle	Annually. Diet/nutrition, physical activity, & substance abuse.
Preconception counseling	As appropriate. Genetic counseling, folic acid supplementation, discussion of parenting capability.
Menopause management	As appropriate. Counsel on change and symptom management

Other Populations

Persons with Down Syndrome	<ul style="list-style-type: none"> •Thyroid function test every 3 yrs (sensitive TSH) •Obtain baseline of cervical spine x-ray to rule out atlanto-axial instability; recommend repeat if symptomatic, or 30 years from baseline. •Baseline echocardiogram if no records of cardiac function are available. •Annual screen for dementia after age 40 	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
Hepatitis B Carriers	Annual liver function test.	<input type="checkbox"/>

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