

Annual Healthcare Visit Preventive Screening Checklist

Individual's Name: _____ DOB: _____

Date of Last Screen	All Adults	
<input type="checkbox"/>	Height/Weight/BMI	Annually for all ages.
<input type="checkbox"/>	Colorectal Cancer	Ages 50-75; Colonoscopy every 10 yrs.; Sigmoidoscopy + Annual Fecal Occult Blood Testing if high risk every 5 yrs.
<input type="checkbox"/>	Skin Cancer	Screen annually for those at high risk.
<input type="checkbox"/>	Lung Cancer	Screen for tobacco use at all ages.
<input type="checkbox"/>	Hypertension	At every medical appointment and at least annually.
<input type="checkbox"/>	Cardiovascular Disease	Assessment of risk annually. Abdominal Aortic Aneurysm (AAA) in men aged 65-75 who have ever smoked.
<input type="checkbox"/>	Cholesterol	Lipid panel; men age 35+; women age 45+ if at increased risk.
<input type="checkbox"/>	Diabetes (Type 2)	HgbA1c or fasting plasma glucose screen beginning at age 45.
<input type="checkbox"/>	Osteoporosis	BMD screening at any age if risk factors are present and 50+ for all others.
<input type="checkbox"/>	Dysphagia/Aspiration	Screen annually for signs, symptoms, and clinical indicators of dysphagia, GERD, & recurrent aspiration. Consider swallow study and/or endoscopy as appropriate.
<input type="checkbox"/>	STDs/HIV	Screen annually in sexually active individuals under age 25+ if at risk. Screen adults 18+ for HIV once and annually if at increased risk due to sexual/drug behaviors.
<input type="checkbox"/>	Tuberculosis	Assess risk annually; test if a moderate to high risk.
<input type="checkbox"/>	Depression	Screen annually for sleep, appetite disturbance, weight loss or gain, & general agitation.
<input type="checkbox"/>	Dementia	Establish and track baseline ADL skills.
Vision and Hearing		
<input type="checkbox"/>	Eye Examination	All individuals should have an active vision care plan and regular eye exams from an ophthalmologist or optometrist. Diabetic individuals should have annual retinal eye exams.
<input type="checkbox"/>	Glaucoma	At least once by age 22 & follow-up every 2-3 yrs. Assess every 1-2 yrs. at age 40+. Assess more often if at high risk.
<input type="checkbox"/>	Hearing Assessment	Assess for hearing changes annually. If changes are present, refer to audiologist for full screening.
Immunizations		
<input type="checkbox"/>	COVID-19	2- or 3- dose primary series and booster.
<input type="checkbox"/>	Influenzas	1 dose annually.
<input type="checkbox"/>	Tetanus, diphtheria, pertussis (Tdap)	1 dose Tdap, then Td or Tdap booster every 10 yrs.
<input type="checkbox"/>	Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later).
<input type="checkbox"/>	Varicella (VAR)	2 doses (if born in 1980 or later).
<input type="checkbox"/>	Zoster recombinant (RZV)	2 doses; 2 doses for immunocompromising conditions.
<input type="checkbox"/>	Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition; Age 27-45 yrs.
<input type="checkbox"/>	Pneumococcal (PCV15, PCV20, PPSV23)	1 dose PCV15 followed by PPSV23 OR 1 dose PCV20.
<input type="checkbox"/>	Hepatitis A (Hep A)	2, 3, or 4 doses depending on vaccine.
<input type="checkbox"/>	Hepatitis B (Hep B)	2, 3, or 4 doses depending on vaccine or condition; Annual liver function test for carriers.
<input type="checkbox"/>	Meningococcal B (Men B)	Age 19-23 yrs.; Screen for risk.
Men		
<input type="checkbox"/>	Testicular & Prostate Cancer	Annual testicular exam. Screening & testing options age 40-49 for high-risk men and age 50-69 for all other men.
Women		
<input type="checkbox"/>	Breast Cancer	Annual clinical breast exam and self-exam instructions. Mammography every 2 yrs. ages 50+; earlier if at high risk.
<input type="checkbox"/>	Cervical Cancer (Pelvic Exam & Pap Smear/HPV)	Screen every 3 yrs. starting at age 21. Screen with a combination of Pap and HPV testing every 5 yrs. Ages 30-65.
<input type="checkbox"/>	Menopause	Counsel on physical changes and symptoms management.
Specific Concerns		
<input type="checkbox"/>	Psychotic Medications	Baseline & test annually when taking lithium or atypical antipsychotic drugs. Screen for tardive dyskinesia.
<input type="checkbox"/>	Persons with Down Syndrome	Baseline of cervical spine x-ray to rule out atlanto-axial instability. Needed once. Repeat if symptomatic; Baseline echocardiogram; Baseline dementia screen after age 40; Sleep apnea screen if symptomatic.
General Counseling and Guidance		
<input type="checkbox"/>	Prevention	Annually on accidents, falls, fire, burns, and choking prevention.
<input type="checkbox"/>	Abuse or Neglect	Annually monitor for behavioral signs or abuse or neglect.
<input type="checkbox"/>	Healthy Lifestyle	Annually on diet and nutrition, physical activity and substance abuse.