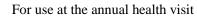
NH Bureau of Developmental Services Annual Health Screening Recommendations (Adult Preventative Care Recommendations)



Intended to guide self-advocates, families & support providers in discussing individual screening exams with a physician or Health Care Provider (HCP)

Age:_____

Date:_____

All Adults screen evaluate All Adults Annually for all ages			Date of last	Ask HCP to
Height/Weight/BMI Annually for all ages Image: Colorectal Cancer Not routine unless at high risk. Ages 50 – 75: Annual Fecal Occult Blood Testing (FOBT) OR Colorectal Cancer Not routine unless at high risk. Ages 50 – 75: Annual Fecal Occult Blood Testing (FOBT) OR Image: Colonoscopy every 10 years OR Skin cancer Screen annually for those at high risk Image: Colonoscopy every 10 years OR Image: Colonoscopy every 10 years OR Cardiovascular Assess risk annually. Screen once for abdominal aortic aneurysm (AAA) men aged 65-75 who have ever smoked Image: Colonoscopy every 10 years OR Cholesterol Screen with lipid panel: men age 35+; women age 45+ if at increased risk. Screen every 5yrs or earlier if at high risk Image: Colonoscopy every 3 years with the HgbA1c or fasting plasma glucose screen beginning at age 45. Screen at least every 3- Syrs before age 45 if at high risk Diabetes (Type II) Screen every 3 years with the HgbA1c or fasting plasma glucose screen beginning at age 45. Screen at least every 3- Syrs before age 45 if at high risk Image: Consider BMD betros for as most adults with <i>VDD</i> have risk factors by this age. Repeat BMD testing at HCP discretion Dysphagia & Screen annually for signs, symptoms, and clinical Aspiration Indicators of dysphagia, GERD, & recurrent aspiration. Consider swallow study and/or endoscopy as appropriate STIs/HIV Screen annually in sexually active patients and others at risk, as appropriate. Screen annually ages 25+ if at risk Image: Colorecole Colore				
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		Date of last	Ask HCP to
Vision and Hearing		screen	evaluate need
Eye Examination	All should be under an active vision care plan and eye exam schedule from an ophthalmologist or optometrist. People with diabetes should have an annual eye exam		
Glaucoma	Assess at least once by age 22 and follow-up every 2-3 years. Assess every 1-2 yrs ages 40+. Assess more often if at high risk		
Hearing Assessment	Assess for hearing changes annually. If changes are present, refer to audiologist for full screen		
Immunizations			
TDAP V	Three doses given once. TD booster every 10 yrs		
Influenza	Annually unless medically contraindicated		
Pneumococcal	PCV13 and PPSV-23 vaccine given once each ages 19-64 who are at high risk. Re-vaccinate once at age 65		
Hep A	Offer to adults with chronic liver disease		
Hep B	3-dose series once		
HPV	3 doses for unvaccinated adults 26 and under		
Zoster (shingles)	Once after age 60. Not for weak immune systems		
Varicella	2 does for unvaccinated adults or no history of chicken pox		
Other Populations			
Persons with Down	Monitor thyroid function regularly		
Syndrome	Obtain baseline of cervical spine x-ray to rule out		
	atlantoaxial instability. Needed once. If negative, no need		
	to repeat, unless symptomatic		
	Baseline echocardiogram if no records of cardiac function are available		
	Annual screen for dementia after age 40		
Hep B Carriers	Annual liver function test		
General Counseling ar	nd Guidance		
Prevention Counseling	Annually. Accident/fall prevention, fire/burns, choking		
Abuse or neglect	Annually monitor for behavioral signs of abuse/neglect		
Healthy Lifestyle	Annually. Diet/nutrition, physical activity, substance abuse		
Preconception counseli	ng As appropriate. Genetic counseling, folic acid supplementation, discussion of parenting capability		
Menopause managemen	t Counsel on change and symptom management		

Other screenings to be considered at this appointment (May include tests recommended previously or by other clinicians that have not yet been performed)