



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

For use at the annual health visit

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

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date: \_\_\_\_\_

		Date of last screen	Ask HCP to evaluate need for screening
<b>All Adults</b>			
Height/Weight /BMI	Annually		<input type="checkbox"/>
Colorectal Cancer screen	Not routine unless at high risk. Ages 50-75: Annual Fecal Occult Blood Testing (FOBT) <b>OR</b>		<input type="checkbox"/>
	Sigmoidoscopy testing every 5 years <b>OR</b>		<input type="checkbox"/>
	Colonoscopy every 10 years		<input type="checkbox"/>
Skin cancer screen	Total skin exam every 3 years 20-39 Annually 40+		<input type="checkbox"/>
Hypertension	At every medical encounter & at least annually.		<input type="checkbox"/>
Cholesterol	Screen if not previously tested from years 18+. Screen every 5 years or at clinician's discretion		<input type="checkbox"/>
Diabetes (Type II)	Conduct annual risk assessment. HgbA1c or fasting plasma glucose screen every 3 years beginning at 45. At least every 3-5 years until 45 if at high risk.		<input type="checkbox"/>
Osteoporosis	Consider BMD screening at any age if risk factors are present <sup>1</sup> . Consider BMD testing for all others 50+ as most adults with I/DD have risk factors by this age. Repeat BMD testing at HCP discretion.		<input type="checkbox"/>
Dysphagia & Aspiration	Screen annually for signs, symptoms & clinical indicators of dysphagia, GERD & recurrent aspiration.		<input type="checkbox"/>
STIs	Screen annually in sexually active patients under 25. Screen annually for patients aged 25+ if at risk.		<input type="checkbox"/>
HIV	Periodic testing if at risk or if pregnant.		<input type="checkbox"/>
Hepatitis B & C	Periodic testing if at risk. One time Hep C screening for adults born between 1945-1965		<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"/>
<b>Men</b>			
Testicular exam	Annual testicular exam		<input type="checkbox"/>
Prostate cancer screen (PSA or DRE)	Annual digital rectal exam (DRE) for patients 50+. PSA blood test at clinician's discretion.		<input type="checkbox"/>
<b>Women</b>			
Clinical breast exam	Annually. Self-examination instruction as appropriate.		<input type="checkbox"/>
Mammography	Every 2 years ages 50+; earlier/more frequently at HCP discretion.		<input type="checkbox"/>
Pap Smear	Every 3 years starting at age 21. May screen with a combination of cytology & HPV testing every 5 years ages 30-65. Omit after 65 if consistently normal		<input type="checkbox"/>

		Date	Ask HCP
<b>Vision and Hearing</b>			
Eye Examination	<b>All</b> should be under an active vision care plan & eye examination schedule based on rec's from an ophthalmologist or optometrist. <ul style="list-style-type: none"> <li>Glaucoma assessment by age 22. Follow-up every 2-3 years. Every 1-2 years 40+</li> </ul> People with diabetes should have an annual eye exam		<input type="checkbox"/>
Hearing Assessment	Assess for hearing changes annually & refer to audiologist for a full screen as needed		<input type="checkbox"/>

		Date	Ask HCP
<b>Immunizations<sup>2</sup></b>			
Tetanus-diphtheria (Tdap)	Three doses given once. TD booster every 10 years.		<input type="checkbox"/>
Influenza vaccine	Annually unless medically contraindicated		<input type="checkbox"/>
Pneumococcal vaccine	Once (booster at age 65).		<input type="checkbox"/>
Hep A	Offer to all adults who take potentially hepatotoxic medications or who have ever lived in institutions or group homes		<input type="checkbox"/>
Hepatitis B vaccine	One series of 3 vaccinations		<input type="checkbox"/>
HPV vaccine	Three doses for unvaccinated adults aged 9-26.		<input type="checkbox"/>
Zoster (shingles) vaccine	Once after age 60. Not for weak immune systems.		<input type="checkbox"/>

		Date	Ask HCP
<b>Other Populations</b>			
Persons with Down Syndrome	Monitor thyroid function regularly.		<input type="checkbox"/>
	Obtain baseline of cervical spine x-ray to rule out atlanto-axial instability; recommend repeat if symptomatic or 30 years from baseline. Test once. If negative, no need to repeat		<input type="checkbox"/>
	Baseline echocardiogram if no records of cardiac function are available		<input type="checkbox"/>
	Annual screen for dementia after age 40		<input type="checkbox"/>
Hepatitis B carriers	Annual liver function test		<input type="checkbox"/>

		Date	Ask HCP
<b>General Counseling and Guidance</b>			
Prevention Counseling	Annually. Accident/fall prevention, fire/burns, choking		<input type="checkbox"/>
Abuse or neglect	Annually monitor for behavioral signs of abuse & neglect		<input type="checkbox"/>
Healthy Lifestyle	Annually. Diet/nutrition, physical activity & substance abuse		<input type="checkbox"/>
Preconception counseling	As appropriate. Genetic counseling, folic acid supplementation, discussion of parenting capability		<input type="checkbox"/>
Menopause management	As appropriate. Counsel on change & symptom management		<input type="checkbox"/>

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

<sup>1</sup>Osteoporosis risk factors: long term polypharmacy, mobility impairments, hypothyroid, limited physical activity, Down Syndrome, hypogonadism, Vitamin D deficiency

<sup>2</sup>Vaccines are recommended and payment is approved per individual insurance provider.

\*\* Based on Massachusetts Health Quality Partnership (MHQP) 10/2014