

## Adult Health Maintenance Checklist

Name:	DOB:	M/F	Ethnicity:
Allergies:		Advance Directive Discussion Date: Copy of Advance Directive in Chart: Y/N	

Screening Needed	Last Date	Next Due	Question for Provider
<b>Preventive Care Visit</b> (Age 20 & older, every year)			
<b>Adult BMI Assessment</b> (Age 18-74, every year)			
<b>Blood Pressure</b> (Age 18 & older, <140/90mmHg)			
<b>Cholesterol</b> (every 5 years)			
<b>Colorectal Cancer Screening</b> (Age 51-75) <ul style="list-style-type: none"> <li>•fecal occult blood, every year OR</li> <li>•flexible sigmoidoscopy, every 5 yrs OR</li> <li>•colonoscopy, every 10 yrs</li> </ul>			
<b>Mammography</b> (Age 52-74, every 2 years)			
<b>Pap Smear</b> (Age 21-64) <ul style="list-style-type: none"> <li>•Age 21-64 , pap smear, every 3 yrs</li> <li>•Option over 30: Age 30-64, pap smear + HPV test, every 5 yrs</li> </ul>			
<b>Chlamydia Screening</b> (Women Age 16-24, every year)			
<b>Diabetes</b> (Age 18-75) <ul style="list-style-type: none"> <li>•A1C testing</li> <li>•A1C poor control &gt;9%</li> <li>•A1C control &lt;8%</li> <li>• HbA1c control (&lt;7.0%) for a selected population*.</li> <li>•Eye exam</li> <li>•Medical attention for nephropathy</li> <li>• BP control (&lt;140/90 mmHg)</li> </ul>			
<b>Care for Older Adults</b> (Age 66 & older) <ul style="list-style-type: none"> <li>•Advance care planning</li> <li>• Medication review</li> <li>• Functional status assessment</li> <li>•Pain Assessment</li> </ul>			

## Adult Immunizations

Vaccine Name	Last Date	Next Due	Question for Provider
<b>Influenza</b> (Age >18, annually, 1dose)			
<b>Td/Tdap</b> (Age >18, Td booster every 10 years)			
<b>MMR</b> (Age 19-59, 1-2 doses)			
<b>Varicella</b> (Age 19-65 & older, 2 doses)			
<b>Herpes Zoster</b> (Age 60 & older, 1 dose)			
<b>HPV</b> (Female, Age 19-26, Male, Age 19-21, 3 doses)			
<b>PCV13 &amp; PPSV23 (Pneumonia)</b> (Age 65 & older, 1 dose)			

Additional Vaccines Recommended for Adults with some medical conditions or other indications:

<b>HepA</b> (Age over 18 years, 2-3 doses)			
<b>HepB</b> (Age over 18 years, 3 doses)			
<b>MenACWY or MPSV4</b> (Age over 18 years, 1 or more doses)			
<b>MenB</b> (Age over 18 years, 2-3 doses)			
<b>Hib</b> (Age over 18 years, 1 or 3 doses)			

Sources:

1. <https://www.uspreventiveservicestaskforce.org>
2. <https://www.cdc.gov/healthcommunication/toolstemplates/entertainmented/tips/preventivehealth.html>
3. <https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf>