



# 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
<b>All Adults</b>			
Height/Weight/BMI	Annually for all ages		<input type="checkbox"/>
Colorectal Cancer	Not routine unless at high risk. Ages 50 – 75: Annual Fecal Occult Blood Testing (FOBT) OR		<input type="checkbox"/>
	Colonoscopy every 10 years OR		<input type="checkbox"/>
	Sigmoidoscopy testing every 5 yrs + FOBT every 3 yrs		<input type="checkbox"/>
Skin cancer	Screen annually for those at high risk		<input type="checkbox"/>
Hypertension	At every medical encounter and at least annually		<input type="checkbox"/>
Cardiovascular Disease	Assess risk annually. Screen once for abdominal aortic aneurysm (AAA) men aged 65-75 who have ever smoked		<input type="checkbox"/>
Cholesterol	Screen with lipid panel: men age 35+; women age 45+ if at increased risk. Screen every 5yrs or earlier if at high risk		<input type="checkbox"/>
Diabetes (Type II)	Screen every 3 years with the HgbA1c or fasting plasma glucose screen beginning at age 45. Screen at least every 3-5yrs before age 45 if at high risk		<input type="checkbox"/>
Osteoporosis	Consider BMD screening at any age if risk factors are present. 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, and clinical indicators of dysphagia, GERD, & recurrent aspiration. Consider swallow study and/or endoscopy as appropriate		<input type="checkbox"/>
STIs/HIV	Screen annually in sexually active patients and others at risk, as appropriate. Screen annually ages 25+ if at risk		<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	Assess risk annually; test if at moderate to high 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 and Prostate cancer	Consider performing an annual testicular exam. Consider screening and testing options ages 40-65 if at high risk		<input type="checkbox"/>
<b>Women</b>			
Breast Cancer	Annual clinical breast exam and self-exam instruction		<input type="checkbox"/>
	Mammography every 2 years ages 50+; earlier/ more frequently if at high risk and at HCP discretion		<input type="checkbox"/>
Cervical Cancer (Pap Smear/HPV)	Every 3 years starting at age 21. May screen with a combination of Pap and HPV testing every 5yrs ages 30 – 65. Omit after 65 if consistently normal		<input type="checkbox"/>

		Date of last screen	Ask HCP to evaluate need
<b>Vision and Hearing</b>			
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		<input type="checkbox"/>
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		<input type="checkbox"/>
<b>Immunizations</b>			
TDAP V	Three doses given once. TD booster every 10 yrs		<input type="checkbox"/>
Influenza	Annually unless medically contraindicated		<input type="checkbox"/>
Pneumococcal	PCV13 and PPSV-23 vaccine given once each ages 19-64 who are at high risk. Re-vaccinate once at age 65		<input type="checkbox"/>
Hep A	Offer to adults with chronic liver disease		<input type="checkbox"/>
Hep B	3-dose series once		<input type="checkbox"/>
HPV	3 doses for unvaccinated adults 26 and under		<input type="checkbox"/>
Zoster (shingles)	Once after age 60. Not for weak immune systems		<input type="checkbox"/>
Varicella	2 does for unvaccinated adults or no history of chicken pox		
<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 atlantoaxial instability. Needed once. If negative, no need to repeat, unless symptomatic		<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"/>
Hep B Carriers	Annual liver function test		<input type="checkbox"/>
<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	Counsel on change and 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)