# Massachusetts Department of Developmental Services Annual Health Screening Checklist Adult Females Ages 65-80+

Review this list of screenings to help decide which topics you’d like to talk about with your doctor.

Name: DOB: Date: \_\_\_\_\_\_\_\_\_\_

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| **Heart, Lungs, and Blood** | | Date of last screen | I want to ask about this |
| ***Condition*** | ***When to ask about it?*** |  |  |
| Blood Pressure | At every medical appointment, but at least once a year |  |  |
| Heart Disease | In you are aged 65 to 75 and have ever smoked, your doctor may screen you one time for abdominal aortic aneurysm (AAA) |  |  |
| Cholesterol | Screen every 5yrs or at doctor’s discretion. |  |  |
| Diabetes (Type II) | Screen every 3 years. |  |  |
| Tuberculosis | Your doctor will assess your risk every year and test if you’re at risk |  |  |
| Other |  |  |  |
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| **Cancer** | | Date of last screen | I want to ask about this |
| ***Condition*** | ***When to ask about it?*** |  |  |
| Breast Cancer | Every year ask your doctor to check your breasts. Mammogram every 2 years. Ages 75+: talk with your doctor about discontinuing |  |  |
| Cervical Cancer | Discontinue Pap test after age 65 if there is documented evidence of consistently negative results. |  |  |
| Colorectal Cancer | Until age 75, select one of the following methods or screening intervals: annual FOBT (Fecal Occult Blood Testing) OR Sigmoidoscopy every 5 years + FOBT every 3 years OR Colonoscopy every 10years. Ages 76 – 85: some adults may need this. Talk with your doctor. |  |  |
| Skin Cancer | Every year ask your doctor to check your skin if you have any of these risk factors: family history of skin cancer, lighter natural skin color, blue or green eyes, blond or red hair, history of sunbed tanning or sunburns, or have taken immunosuppressive medications |  |  |
| Tobacco and Lung Screening | Up to ages 80: screen annually with low-dose computed tomography for people with a 20-pack-year history who are still smoking or quit less than 15 years ago |  |  |
| Other |  |  |  |

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| ***Infectious Disease*** | | Date of last screen | I want to ask about this |
| ***Condition*** | ***When to ask about it?*** |  |  |
| Pelvic Exam/Pap Smear/STI Tests | If you are having sex or want to, talk with your doctor about how to keep your sex safe and healthy. |  |  |
| HIV | Screen for HIV infection if at increased risk of infection |  |  |
| Hepatitis B | Your doctor will assess your risk every year and test if you’re at risk |  |  |
| Hepatitis C | Do a one–time screening if you are aged 18 – 79. Your doctor will follow up if you are at high risk |  |  |
| Other |  |  |  |

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| **Neurological Conditions** | | Date of last screen | I want to ask about this |
| ***Condition*** | ***When to ask about it?*** |  |  |
| Epilepsy (seizure disorder) | Discuss any recent seizures with your doctor |  |  |
| Multiple Sclerosis | If you have MS, discuss any changes in your symptoms and how you’re managing the disease. |  |  |
| Other | Talk about any changes you’ve experienced recently such as changes to your vision, balance, headaches, muscle strength, or ability to walk or talk |  |  |

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| **Vision and Hearing** | | Date of last screen | I want to ask about this |
| ***Condition*** | ***When to ask about it?*** |  |  |
| Eye Exam | You should be under an active vision care plan and eye exam schedule from an ophthalmologist or optometrist. If you have diabetes, have a retinal eye exam every year. Assess for glaucoma every 1-2 years starting at age 40 or more often if at high risk |  |  |
| Glaucoma | Have your eyes checked every 2-3 years |  |  |
| Hearing Exam | Check every year. Your doctor will recommend an audiologist if there are changes in your hearing |  |  |

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| **Common Ailments** | | Date of last screen | I want to ask about this |
| ***Condition*** | ***When to ask about it?*** |  |  |
| Swallowing | Talk about any troubles you have with swallowing, or if you cough a lot after eating or drinking |  |  |
| Osteoporosis | Screen beginning at age 50 and repeat at doctor discretion. |  |  |
| Acid Reflux | Tell your doctor if you have pain or difficulty swallowing, chronic hoarseness or wheezing, heartburn accompanied by nausea or vomiting, or symptoms that have become more severe or frequent |  |  |
| Other |  |  |  |

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| ***Immunizations (protection from a certain disease)\**** *\*May not be covered by MassHealth or Medicare in all cases* | | Date of last screen | I want to ask about this |
| ***Condition*** | ***When to ask about it?*** |  |  |
| TDAP V | Three doses given one time. TD booster every 10 years |  |  |
| Influenza (flu) | Every year, unless you can’t get it due to a medical condition |  |  |
| Pneumococcal | If PPSV23 was administered prior to age 65 years, administer 1 dose PPSV23 at least 5 years after previous dose. |  |  |
| Hep A | You may need this if you have chronic liver disease and/or are immune-compromised |  |  |
| Hep B | 3-dose series once |  |  |
| Varicella | 2 does for unvaccinated adults or no history of chicken pox |  |  |
| Meningococcal (chicken pox) | Talk to you doctor about whether you’re at risk and would need this vaccine |  |  |
| Measles, Mumps, and Rubella (MMR) | One does if you’ve never had this vaccine before. You may need two doses if you participate in large group programs or attend campus-based programs. |  |  |
| Zoster | 2 doses of RZV (preferred) adults 50+ or 1 dose ZVL age 60+ even if had shingles before. Generally, do not get these vaccines if you have a weak immune system. |  |  |
| COVID Vaccine | All adults unless not recommended by your doctor. Discuss need for booster with your doctor, especially if immunocompromised. |  |  |

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| General Counseling and Guidance | | Date of last screen | I want to ask about this |
| ***Condition*** | ***When to ask about it?*** |  |  |
| Prevention Counseling | Talk with your doctor every year about accident, fall, fire, burn, and choking prevention. If you have a history of falls, talk with your doctor about improving your balance, flexibility, and strength. |  |  |
| Healthy Lifestyle | Height/weight/BWI checked every year |  |  |
| Your doctor might offer guidance on diet/nutrition, physical activity, and substance abuse every year |  |  |
| Talk to your doctor about frequency and consistency of bowel movements to prevent constipation |  |  |
| Sexuality and Gender Identity | Your doctor can offer support and answer questions about sexuality and gender |  |  |
| Mental Health | If you’re feeling depressed, lonely, anxious, agitated or like you want to hurt yourself, please talk with your doctor. |  |  |
| Sleep Issues | Tell your doctor if you snore, have excessive daytime sleepiness, difficulty waking, or morning headaches. Consider testing for sleep apnea. May be more likely in people with Down syndrome. |  |  |
| Other |  |  |  |
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| Other Populations | | Date of last screen | I want to ask about this |
| ***Condition*** | ***When to ask about it?*** |  |  |
| People with Down syndrome | If you’re taking lithium or atypical or second-generation antipsychotic medications, talk to your doctor about blood tests you may need |  |  |
| Obtain baseline of cervical spine x-ray to rule out atlanto-axial instability. Needed once. If negative, only repeat if symptomatic |  |  |
| Baseline echocardiogram if no cardiac records are available |  |  |
| Sleep apnea - check |  |  |
| Every year screen for dementia, using a standardized dementia screening tool. |  |  |
| Hep B Carriers | Have your liver function tested annually |  |  |

Discuss all **medications** with your doctor, including supplements and vitamins. Mention any side effects you are experiencing or questions you have about them. Be sure to mention relevant **family history** to your doctor, and make sure your doctor knows your **ethnicity**. Some ethnicities are more likely to develop conditions like prostate cancer and diabetes.