# Massachusetts Department of Developmental Services Annual Health Screening ChecklistAdult Males Ages 40-69

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 | Check at every medical appointment, but at least once a year |  |[ ]
| Heart Disease | Check every year  |  |[ ]
| Cholesterol | Screen every 5 years or earlier if you are at risk |  |[ ]
| Diabetes (Type II) | Screen every 3 years starting at age 45. Screen earlier, at least every 3-5yrs, if you have any of these risk factors: obesity, family history of diabetes, low LDL cholesterol, high triglycerides, high blood pressure, not active (sedentary) or if of African, Hispanic, Native American, Asian backgrounds. |  |[ ]
| Tuberculosis | Your doctor will assess your risk every year and test if you’re at risk |  |[ ]
| Other |  |  |[ ]
|  |
| **Cancer**  | Date of last screen | I want to ask about this |
| ***Condition*** | ***When to ask about it?*** |  |  |
| Colorectal Cancer | Age 45 - 75: select one of the following methods or screening intervals: FOBT/FIT every year OR DNA-FIT every year OR colonoscopy every 10yrs OR CT colonography/flex sig every 5yrs OR flex sig every 10yrs + FIT every year |  |[ ]
| Testicular Cancer | Talk with your doctor about doing an annual testicular exam.  |  |[ ]
| Prostate Cancer | Your doctor will review screening and testing options starting at age 40 if you’re of African-American descent and at age 45 for all other high-risk men.  |  |[ ]
| 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 | If you use tobacco or vape, talk about this with your doctor at every visit. Starting at age 50, if you have a history of smoking 20 packs a year and are still smoking, or quit less than 15 years ago, your doctor may screen your lungs with low-dose computed tomography  |  |[ ]
| Other |  |  |[ ]

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| ***Infectious Disease*** | Date of last screen | I want to ask about this |
| ***Condition*** | ***When to ask about it?*** |  |  |
| 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 at least once for routine health. Your doctor may test you periodically if you are at risk due to sexual or drug behaviors |  |[ ]
| Hepatitis B | Your doctor will assess your risk every year and test if you’re at risk |  |[ ]
| Hepatitis C | Do a onetime 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 |  |[ ]
| Glaucoma | Have your eyes checked every 1-2 years, or more often if at high risk |  |[ ]
| 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 at age 50+ and repeat at doctor discretion. Consider earlier screening if these risk factors are present: Long term medication use, especially anti-seizure medication, mobility impairments, hypothyroid, limited physical activity, Down syndrome, hypogonadism, vitamin D deficiency. |  |[ ]
| 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*** | ***How frequently?*** |  |  |
| 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  | PCV13 and PPSV-23 vaccine given once each ages 19-64 who are at high risk (chronic resp disease including chronic aspiration pneumonia chronic heart disease, insulin-dependent diabetes mellitus, weakened immune systems, some cancers, HIV+, sickle cell and other blood disorders). For tobacco users, and asthma, PPSV-23 vaccine once ages 19-64. |  |[ ]
| Hep A  | You may need this if you have chronic liver disease and/or are immune-compromised |  |[ ]
| Hep B  | 3-dose series once |  |[ ]
| HPV  | May be given up to age 45 if not previously vaccinated. |  |[ ]
| Varicella (chicken pox) | 2 does for unvaccinated adults or no history of chicken pox |  |[ ]
| Meningococcal | 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.  |  |[ ]
| Zoster (shingles) | Age 50 years or older: 2-dose series 2–6 months apart |  |[ ]
| COVID Vaccine | Vaccine plus booster. Discuss with your doctor if you are immunocompromised |  |[ ]
| Other |  |  |[ ]

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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 preferences |  |[ ]
| Mental Health  | If you’re feeling depressed, lonely, anxious, agitated or like you want to hurt yourself, please talk with your Health Care Provider. |  |[ ]
| 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 |  |  |[ ]
|  |
| 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 |  |[ ]
|  | Your doctor may obtain a baseline of your cervical spine x-ray to rule out atlanto-axial instability. If negative, you will only repeat this if you have symptoms later |  |[ ]
|  | Baseline echocardiogram if no cardiac records are available |  |[ ]
|  | Screen for dementia beginning at age 40 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 affects 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.