

# 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: \_\_\_\_\_

<b>Heart, Lungs, and Blood</b>		Date of last screen	I want to ask about this
<i>Condition</i>	<i>When to ask about it?</i>		
Blood Pressure	At every medical appointment, but at least once a year		<input type="checkbox"/>
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)		<input type="checkbox"/>
Cholesterol	Screen every 5yrs or at doctor's discretion.		
Diabetes (Type II)	Screen every 3 years.		<input type="checkbox"/>
Tuberculosis	Your doctor will assess your risk every year and test if you're at risk		<input type="checkbox"/>
Other			<input type="checkbox"/>

<b>Cancer</b>		Date of last screen	I want to ask about this
<i>Condition</i>	<i>When to ask about it?</i>		
Breast Cancer	Every year ask your doctor to check your breasts. Mammogram every 2 years. Ages 75+: talk with your doctor about discontinuing		<input type="checkbox"/>
Cervical Cancer	Discontinue Pap test after age 65 if there is documented evidence of consistently negative results.		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
Other			<input type="checkbox"/>

<b>Infectious Disease</b>		Date of last screen	I want to ask about this
<i>Condition</i>	<i>When to ask about it?</i>		
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.		<input type="checkbox"/>
HIV	Screen for HIV infection if at increased risk of infection		<input type="checkbox"/>
Hepatitis B	Your doctor will assess your risk every year and test if you're at risk		<input type="checkbox"/>
Hepatitis C	Do a one-time screening if you are aged 18 – 79. Your doctor will follow up if you are at high risk		<input type="checkbox"/>
Other			<input type="checkbox"/>

<b>Neurological Conditions</b>		Date of last screen	I want to ask about this
<i>Condition</i>	<i>When to ask about it?</i>		
Epilepsy (seizure disorder)	Discuss any recent seizures with your doctor		<input type="checkbox"/>
Multiple Sclerosis	If you have MS, discuss any changes in your symptoms and how you're managing the disease.		<input type="checkbox"/>
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		<input type="checkbox"/>

<b>Vision and Hearing</b>		Date of last screen	I want to ask about this
<i>Condition</i>	<i>When to ask about it?</i>		
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		<input type="checkbox"/>
Glaucoma	Have your eyes checked every 2-3 years		<input type="checkbox"/>
Hearing Exam	Check every year. Your doctor will recommend an audiologist if there are changes in your hearing		<input type="checkbox"/>

<b>Common Ailments</b>		Date of last screen	I want to ask about this
<b>Condition</b>	<b>When to ask about it?</b>		
Swallowing	Talk about any troubles you have with swallowing, or if you cough a lot after eating or drinking		<input type="checkbox"/>
Osteoporosis	Screen beginning at age 50 and repeat at doctor discretion.		<input type="checkbox"/>
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		<input type="checkbox"/>
Other			<input type="checkbox"/>

<b>Immunizations (protection from a certain disease)*</b> <small>*May not be covered by MassHealth or Medicare in all cases</small>		Date of last screen	I want to ask about this
<b>Condition</b>	<b>When to ask about it?</b>		
TDAP V	Three doses given one time. TD booster every 10 years		<input type="checkbox"/>
Influenza (flu)	Every year, unless you can't get it due to a medical condition		<input type="checkbox"/>
Pneumococcal	If PPSV23 was administered prior to age 65 years, administer 1 dose PPSV23 at least 5 years after previous dose.		<input type="checkbox"/>
Hep A	You may need this if you have chronic liver disease and/or are immune-compromised		<input type="checkbox"/>
Hep B	3-dose series once		<input type="checkbox"/>
Varicella	2 does for unvaccinated adults or no history of chicken pox		<input type="checkbox"/>
Meningococcal (chicken pox)	Talk to you doctor about whether you're at risk and would need this vaccine		<input type="checkbox"/>
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.		<input type="checkbox"/>
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.		<input type="checkbox"/>
COVID Vaccine	All adults unless not recommended by your doctor. Discuss need for booster with your doctor, especially if immunocompromised.		<input type="checkbox"/>

<b>General Counseling and Guidance</b>		Date of last screen	I want to ask about this
<b>Condition</b>	<b>When to ask about it?</b>		
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.		<input type="checkbox"/>
Healthy Lifestyle	Height/weight/BWI checked every year		<input type="checkbox"/>
	Your doctor might offer guidance on diet/nutrition, physical activity, and substance abuse every year		<input type="checkbox"/>
	Talk to your doctor about frequency and consistency of bowel movements to prevent constipation		<input type="checkbox"/>
Sexuality and Gender Identity	Your doctor can offer support and answer questions about sexuality and gender		<input type="checkbox"/>
Mental Health	If you're feeling depressed, lonely, anxious, agitated or like you want to hurt yourself, please talk with your doctor.		<input type="checkbox"/>
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.		<input type="checkbox"/>
Other			<input type="checkbox"/>

<b>Other Populations</b>		Date of last screen	I want to ask about this
<b>Condition</b>	<b>When to ask about it?</b>		
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		<input type="checkbox"/>
	Obtain baseline of cervical spine x-ray to rule out atlanto-axial instability. Needed once. If negative, only repeat if symptomatic		<input type="checkbox"/>
	Baseline echocardiogram if no cardiac records are available		<input type="checkbox"/>
	Sleep apnea - check		<input type="checkbox"/>
	Every year screen for dementia, using a standardized dementia screening tool.		<input type="checkbox"/>
Hep B Carriers	Have your liver function tested annually		<input type="checkbox"/>

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.