

Massachusetts Department of Developmental Services Annual Health Screening Checklist

Adult Males Ages 70-80+

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

Name: _____ DOB: _____ Date: _____

| Heart, Lungs, and Blood | | 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 5 years or earlier if you are at risk. | | <input type="checkbox"/> |
| 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"/> |

| Cancer | | Date of last screen | I want to ask about this |
|----------------------------|--|---------------------|--------------------------|
| <i>Condition</i> | <i>When to ask about it?</i> | | |
| 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. Your doctor may selectively screen you after age 75 | | <input type="checkbox"/> |
| Testicular Cancer | Talk with your doctor about doing an annual testicular exam. | | <input type="checkbox"/> |
| 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 | 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. | | <input type="checkbox"/> |
| Other | | | <input type="checkbox"/> |

| Sexual Health | | Date of last screen | I want to ask about this |
|----------------------|---|---------------------|--------------------------|
| <i>Condition</i> | <i>When to ask about it?</i> | | |
| 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 at least once for routine health. Your doctor may test you periodically if you are at risk due to sexual or drug behaviors | | <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 onetime 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"/> |

| Neurological Conditions | | 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 | 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"/> |

| Vision and Hearing | | 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 | | <input type="checkbox"/> |
| Glaucoma | Have your eyes checked every 1-2 years. People at high risk may need more frequent eye exams | | <input type="checkbox"/> |
| Hearing Exam | Check every year. Your doctor will recommend an audiologist if there are changes in your hearing | | <input type="checkbox"/> |

| 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 | | <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"/> |

| Immunizations (protection from a certain disease)* <small>*May not be covered by MassHealth or Medicare in all cases</small> | | 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 | | <input type="checkbox"/> |
| Influenza (flu) | Every year, unless you can't get it due to a medical condition | | <input type="checkbox"/> |
| Pneumococcal | Age 65 years or older: 1 dose PPSV23 (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 (chicken pox) | 2 does for unvaccinated adults or no history of chicken pox | | <input type="checkbox"/> |
| Meningococcal | 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. | | <input type="checkbox"/> |
| COVID Vaccine | Vaccine plus booster. Discuss with your doctor if you are immunocompromised | | <input type="checkbox"/> |
| Other | | | <input type="checkbox"/> |

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.

Notes: