

Massachusetts Department of Developmental Services Annual Health Screening Checklist

Do not give this to the Health Care Provider (HCP) to complete. This form should be completed PRIOR to the annual health visit by the self-advocate, family member, or support provider to help guide the discussion with the HCP. Additional details about disease risk factors are on the DDS Adult Screening Recommendations Wallchart.

Name: _____ Age: _____

Date: _____

All Adults

		Date of last screen	Ask HCP to evaluate need
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 and 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"/>

Men

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"/>
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Women

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"/>

Vision and Hearing

		Date	Ask HCP
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		<input type="checkbox"/>
Hearing Assessment	Assess for hearing changes annually. If changes are present, refer to audiologist for full screen		<input type="checkbox"/>

Immunizations

Vaccinations may not be covered by MassHealth or Medicare in all cases

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		<input type="checkbox"/>

Other Populations

Persons with Down syndrome	Monitor thyroid function regularly		<input type="checkbox"/>
	Obtain baseline of cervical spine x-ray to rule out atlanto-axial 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"/>

General Counseling and Guidance

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"/>

List other screenings to be considered at this appointment: