

# Massachusetts Department of Developmental Services Annual Health Screening Checklist

## Adult Females Ages 19-39

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	Check every year		<input type="checkbox"/>
Cholesterol	Your doctor may screen you if you are at high risk		
Diabetes (Type II)	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.		<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 if at high risk.		<input type="checkbox"/>
Cervical Cancer	Screen every 3 years. May lengthen to every 5 years after age 30 if screening with hrHPV testing.		<input type="checkbox"/>
Colorectal Cancer	Not routine unless at high risk		
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		<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	Every three years, ask your doctor to examine your pelvic area (vagina), especially if you have sex. If you are having sex or want to, talk with your doctor about how to keep your sex safe and healthy.		<input type="checkbox"/>
Pregnancy	If you are trying to have a baby or are pregnant, ask about ways to keep you and your baby healthy and plan for any support either of you may need		<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 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.		<input type="checkbox"/>
Glaucoma	Have your eyes checked at least once by age 22, and 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	Consider bone density 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.		<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	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.		<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"/>
HPV	One series given at age 26 and younger. May be given up to age 45 if not previously vaccinated.		<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"/>
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 preferences		<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"/>
	Check for sleep apnea		<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.