# 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 |
| ***Condition*** | ***When to ask about it?*** |  |  |
| Blood Pressure | At every medical appointment, but at least once a year |  |[ ]
| 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)  |  |[ ]
| Cholesterol | Screen every 5 years or earlier if you are at risk. |  |[ ]
| Diabetes (Type II) | Screen every 3 years |  |[ ]
| 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. Your doctor may selectively screen you after age 75 |  |[ ]
| Testicular Cancer | Talk with your doctor about doing an annual testicular exam. |  |[ ]
| 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 |  |  |[ ]

|  |  |  |
| --- | --- | --- |
| ***Sexual Health*** | 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 |  |  |[ ]

|  |  |  |
| --- | --- | --- |
| **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 | 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 |  |[ ]

|  |  |  |
| --- | --- | --- |
| **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. People at high risk may need more frequent eye exams |  |[ ]
| Hearing Exam | Check every year. Your doctor will recommend an audiologist if there are changes in your hearing |  |[ ]

|  |  |  |
| --- | --- | --- |
| **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 beginning at age 50 and repeat at doctor discretion. |  |[ ]
| 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 |  |  |[ ]

|  |  |  |
| --- | --- | --- |
| ***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  | 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) |  |[ ]
| Hep A  | You may need this if you have chronic liver disease and/or are immune-compromised |  |[ ]
| Hep B  | 3-dose series once |  |[ ]
| 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. |  |[ ]
| COVID Vaccine | Vaccine plus booster. Discuss with your doctor if you are immunocompromised |  |[ ]
| Other |  |  |[ ]

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.