



# RECOMMENDED SCREENINGS & PREVENTIVE SERVICES FOR ADULTS\*

	SERVICE	18-39 YEARS	40-64 YEARS	OVER 65 YEARS
<b>GENERAL HEALTH</b>	Aspirin Therapy	Discuss with postmenopausal women, men above age 40, and younger men and women who are at increased risk for Coronary Heart Disease.		
	Tobacco Quit Counseling	Assess adults for tobacco use and provide ongoing quitting assistance services.		
	Height & Weight, Body Mass Index	Every 3-5 years.		Every 1-2 years.
	Cholesterol	Fasting lipid screening for men over age 34 every 5 years.	Fasting lipid screening for men over age 34 and women over age 44 every 5 years.	
	Hypertension Screening	Blood pressure every 2 years if less than 120/80; every year if 120-139/80-89 or above.		
	Problem Drinking Screening	Screen for problem drinking among adults and provide brief counseling.		
	Vision & Hearing Screening			Elderly adults.
<b>CANCER SCREENING</b>	Cervical Cancer Screening - Pap Smear	Beginning at age 21 or three years after first sexual intercourse, whichever is earlier. If age 30 or older, every 3 years after 3 consecutive normal results.	Every 3 years after 3 consecutive normal results.	Women above age 65 with new sexual partner.
	Chlamydia & Gonorrhea Screening	All sexually active women age 25 years and younger and other women without symptoms at increased risk for infection.		
	Breast Cancer Screening		Annual mammogram for women age 40-49 with high risk factors. Mammogram every 1-2 years for women age 50-75 years.	Mammogram every 1-2 years for women age 50-75 years.
	Colon Cancer Screening		Ages 50-80 colonoscopy preferred every 10 years, or if African-American, ages 45-80 every 10 years	
	Prostate Cancer Screening		Consider annual prostate exam and PSA in men age 50 or older	
<b>IMMUNIZATIONS</b>	Influenza Vaccine	Annually between October-March for individuals age 50 and older, those at high risk, and others desiring immunization.		
	Pneumonia Vaccine	Immunize high-risk groups once. Re-immunize those at risk of losing immunity once after 5 years.		Immunize at 65 if not done previously. Re-immunize once if 1st received more than 5 years ago and before age 65.
	Tetanus Booster	Every 10 years. Tetanus, diphtheria and pertussis (whooping cough) vaccine.		Every 10 years. Tetanus and diphtheria vaccine only.
	Hepatitis B Vaccine	Consider if not done previously.		
	Gardasil Vaccine - Human Papillomavirus (HPV)	Women age 26 and under.		

>> Visit [www.stillwatermedicalgroup.com](http://www.stillwatermedicalgroup.com) for more information on important health issues and to schedule an appointment with your healthcare provider.

**PLEASE NOTE:** \*These guidelines apply to healthy adults. For patients with chronic medical conditions your healthcare provider will determine preventive services specific to individual healthcare needs.