

Preventative Worksheet for Those 50 and over

Test	Recommendation	Date	Date	Date	Date
<b>Exams</b>					
Physical exam	Annually				
Dental exam	Every 6-12 months				
Eye exam	Every 1-2 years				
Pelvic exam/Pap (f)	Every 1-3 years				
Prostate evaluation (m)	Annually				
Skin exam	Annually				
<b>Screening Tests</b>					
Hearing screen	Annually				
Blood pressure	Annually				
Height and weight	Annually				
Depression screen	Annually				
Dementia screen	Annually after 65				
Mammography (f)	Every 1-2 years				
DEXA (f) (osteoporosis)	Age 65 (60 if high risk)				
DEXA (m)	After age 50 if high risk				
Blood in the stool	Annually				
Sigmoidoscopy	Every 5 years				
Colonoscopy	Every 10 years				
Abdominal ultrasound	Once in smokers				
Tuberculosis test	High risk people				
Cervical cancer screen	Every 1-3 years to 65-70				
<b>Blood tests</b>					
Blood count (CBC)	Every 1-5 years				
Thyroid test	Every 5 years				
Kidney function	Every 1-5 years				
Diabetes screen	Every 1-3 years				
Cholesterol	Every 1-5 years				
PSA (men)	Every year over 50 if life expectancy >10 years				
<b>Immunizations</b>					
Influenza	Annual				
Pneumococcus vaccine	At age 65				
Tetanus/Diphtheria	Every 10 years				
Shingles vaccine	At age 60				
<b>Medication</b>					
Aspirin	Men between 45-79; women between 55-79				
Breast cancer drugs	Consider for high risk				