

Check-up visits with your doctor are important for your health. SWHP recommends these visits every 1-3 years until age 65 and yearly thereafter. Talk with your doctor or other health care provider about the proper schedule of check-up visits for you. This guidelines chart shows the different types of preventive care you may need at each age. Upper age limits should be individualized for each person.

Please Note: Recommended intervals for each type of preventive care may vary among authorities. Individuals with special risk factors may need more frequent and additional types of preventive care.

Risk Factors and Preventive Service(s) Needed:

Diabetes: Eye, Pneumococcal Immunization, Influenza Vaccine, Foot Exams, Microalbuminuria.
Drug Abuse: AIDS, TB Tests, Hepatitis Immunization.
Alcoholism: Influenza Vaccine, Pneumococcal Immunization, TB Test.
Overweight: Blood Sugar Test.
Homeless, Recent Refugee or Immigrant: Hepatitis B, TB Test.
High-Risk Sexual Behavior: AIDS, Syphilis, Gonorrhea, Chlamydia Tests.
Atherosclerotic Cardiovascular Disease: Influenza Vaccine, Lipid Reduction, Blood Pressure Control.

Resource: Guidelines chart based on recommendations from the United States Preventive Services Task Force (USPSTF). Approved 1/09; Review 2/11

Guidelines for Adult Preventive Care

- Recommended by SWHP based on USPSTF and other major scientific authorities
- Recommended by some authorities, to be done at the discretion of the individual physician
- Not required

Years of Age	18	25	30	35	40	45	50	55	60	65	70	75+
Tests:												
Blood Pressure: Every 2 years	■	■	■	■	■	■	■	■	■	■	■	■
Height, Weight & BMI: Periodically	■	■	■	■	■	■	■	■	■	■	■	■
Cholesterol: Every 5 years	□	□	□	□	■	■	■	■	□	□	□	□
Hearing: Periodically	□	□	□	□	□	□	□	□	□	■	■	■
Mammography/Women: Every year	·	·	·	·	■	■	■	■	■	■	■	■
Pap Smear/Women: Every 1-3 years	■	■	■	■	■	■	■	■	■	□	□	□
Bone Mineral Density/Women:												
Every 2-5 years	·	·	·	·	·	·	·	·	·	■	■	■
Prostate-Specific Antigen/Men: Periodically	·	·	·	·	□	□	□	□	□	□	□	·
Sigmoidoscopy: Every 5 years	·	·	·	·	·	·	■	■	■	■	■	■
Stool Occult Blood: Yearly	·	·	·	·	·	·	■	■	■	■	■	■
Depression Screening: Every 1-3 years	■	■	■	■	■	■	■	■	■	■	■	■
Exams:												
Dental: Yearly	■	■	■	■	■	■	■	■	■	■	■	■
Vision/Glaucoma: Every 2-4 years until age 60 then every 2 years	·	·	·	·	□	□	□	□	■	■	■	■
Breast/Women: Every 1-3 years until age 40 then yearly	□	□	□	□	■	■	■	■	■	■	■	■
Exams for Cancer/Thyroid, Mouth, Skin Ovaries, Testicles, Lymph Nodes, Rectum (40+), Prostate (Men 50+): Every 3 years until age 40 then yearly												
	□	□	□	□	□	□	□	□	□	□	□	□
Immunizations:												
Tetanus-Diphtheria: Every 10 years	■	■	■	■	■	■	■	■	■	■	■	■
Pneumococcal: Once at age 65 or earlier if risk factors evident (if high risk, booster should be given every 6 years)	·	·	·	·	·	·	·	·	·	■	□	□
Influenza: Yearly (earlier if risk factors evident)	■	■	■	■	■	■	■	■	■	■	■	■
Guidance: Tobacco Use, Alcohol & Drugs, Sexual Behavior, AIDS, Nutrition, Physical Activity, Violence & Guns, Injuries, Occupational Health, Folic Acid (women 12-45), Aspirin, Estrogen (Postmenopausal), Family Planning, Seat Belt Use, Mental Health Assessment: Periodically												
	■	■	■	■	■	■	■	■	■	■	■	■