

Supports for Community Living Health Screening Recommendations

Procedure	19-29 Years	30-39 Years	40-49 Years	50-64 Years	65 Years +
Health Maintenance Visit	Annually for all ages. Includes initial/interval history, age-appropriate physical exam; height and weight measurement; preventive screenings and counseling; assessment and administration of needed immunizations.				
Oral Health Visit	Promote dental health through regular oral hygiene practices, assessment by a dentist at least every 6 months, and timely management of dental disease. ²				
Labs and Screenings					
Cancer Screening					
Breast Cancer: Mammography	Clinical breast exam as appropriate. Mammography not routine except for patients at high risk. Accurate and detailed history and family history will identify risk factors.	Clinical breast exam as appropriate. Annual mammography at discretion of clinician/patient.	Clinical breast exam as appropriate. Annual mammography	Mammography annually through age 69. Age 70+ at discretion of clinician/patient.	
Cervical Cancer (Pelvic Exam & Pap Smear)	First pap smear by age 21. Every 1-3 years, at clinician/patient's discretion.			May be omitted after age 65 if previous screenings were consistently normal.	
Colorectal Cancer	Not routine except for patients at high risk.			Starting at age 50, Fecal Occult Blood testing (FOBT) and Sigmoidoscopy every 5 years OR annual FOBT OR Colonoscopy every 10 years. Screening after age 80 at clinician/patient discretion.	
Testicular and Prostate Cancer	Prostate cancer screening not routine. Clinical testicular exam at clinician's discretion.	Digital Rectal Exam (DRE) for patients with risk factors for prostate cancer: family history & African-American ancestry. PSA screening in high-risk patients at clinician/patient discretion.		Digital Rectal Exam (DRE). Discuss risks and benefits of prostate specific antigen (PSA) blood test with patients starting at age 50. Offer PSA at clinician/patient's discretion.	
Skin cancer	Periodic total skin examinations every 3 years between the ages of 20 and 39 and annually at age 40 and older, regardless of skin tone and color. Frequency at clinician discretion based on risk factors.				
Other Recommended Screening					
Body Mass Index (BMI)	Screen for overweight and eating disorders. Consult the CDC's growth and BMI charts (www.cdc.gov/nccdphp/dnpa/bmi/index.htm). Ask about body image and diet patterns. Counsel on benefits of physical activity and a healthy diet to maintain desirable weight for height. Offer more focused evaluation and intensive counseling for adults for BMI>30kg/m² to promote sustained weight loss.				
Hypertension	At every acute/non-acute medical encounter and at least annually.				
Cholesterol	Every five years or at clinician's discretion.				At clinician's discretion.
Diabetes (Type 2)	At least every 5 years until age 45. Every 3 years after age 45. Fasting plasma glucose screen for individuals at high risk. Risk factors include: family history of premature CHD, hypertension, overweight, diabetes mellitus, peripheral atherosclerosis or carotid artery disease, current cigarette smoking, or HDL ≤ 35 mg/dl.				
Liver Function	Annually for Hepatitis B carriers. At clinician's discretion after consideration of risk factors including long term prescription medication.				
Dysphagia & Aspiration	Chronic Dysphagia and GERD are common in individuals with DD and neuromuscular dysfunction. Screen initially and inquire about changes at annual physical.²				
Cardiovascular Disease	Screen for cardiovascular diseases and malformations earlier and more regularly than the general population. Specific syndromes and neuroleptic medications may increase risk for cardiac disease.²				
Osteoporosis	Bone density screening (BMD) starting at age 19 when risk factors are present: long term polypharmacy, mobility impairments, hypothyroid, post- menopausal women. Periodicity of screening at clinician's discretion. Annually counsel about preventive measures including dietary calcium and vitamin D intake, weight-bearing exercise, and smoking cessation.				Provide BMD testing. Counsel elderly patients about specific measures to prevent falls.



Infectious Disease Screening	19-29 Years	30-39 Years	40-49 Years	50-64 Years	65 Years +
Sexually Transmitted Infections	For chlamydia and gonorrhea: Sexually active patients under age 25: Screen annually. Patients age 25 and over: Screen annually, if at risk. Screen pregnant women at the first prenatal visit and in the third trimester, for all STI's if at risk.				
HIV	Periodic testing if at risk and testing of pregnant women at increased risk.				
Hepatitis B and C	Periodic testing if risk factors present.				
Tuberculosis (TB)	Tuberculin skin testing every 1-2 years when risk factors present. Risk factors include residents or employees of congregate setting, close contact with persons known or suspected to have TB.				
Sensory Screening					
Hearing Assessment	Screen annually. Re-evaluate if hearing problem is reported or a change in behavior is noted.				
Vision Assessment	Screen annually. Re-evaluate if vision problems are reported or change in behavior is noted.				
Eye Exam for Glaucoma	Every 3-5 years in high risk patients. At least once in patients with no risk factors.		Every 2-4 years	Every 2-4 years	Every 1-2 years
Mental and Behavioral Health					
Depression	Screen annually for sleep, appetite disturbance, weight loss, general agitation.				
Dementia	Monitor for problems performing daily activities.		In persons with Down Syndrome, annual screen after age 40.		
Immunizations					
Influenza	Annually	Annually	Annually	Annually	Annually
Pneumococcal	Once , especially if at elevated risk. Once after 65 years of age, even if vaccinated before 65 years of age.				
Hepatitis B	Once. Reevaluate antibody status every 5 years.				
Hepatitis A	If at high risk and not previously immunized.				
Tetanus, Diphtheria, Pertussis (Tdap)	3 doses if not previously immunized. Booster every 10 years.				
Measles, Mumps, and Rubella (MMR)	If born after 1956 and have not been immunized or have laboratory evidence of immunity. Receive a second dose of measles-containing vaccine if at risk. Ages 50+: Not routine.				
HPV Vaccine**	Three injections given over a 6-month period to females up to 26 yrs old.				
Varicella (Chicken Pox)	2 doses recommended for those who do not have documentation of age-appropriate immunization or a reliable history of chicken pox (varicella)				
Zoster (shingles) Vaccine**				Once after age 60, not for those with weak immune systems.	
For persons with Down Syndrome (in addition to the above recommendations)					
Thyroid function test	Every 3 years (sensitive TSH)				
Cervical spine x-ray to rule out atlanto-axial instability.	Obtain baseline as adult. Recommend repeat if symptomatic, or 30 years from baseline.				
Echocardiogram	Obtain baseline if no records of cardiac function are available.				
General Counseling and Guidance					
Prevention counseling	Annually counsel regarding prevention of accidents related to falls, fire/burns, choking and screen for at-risk sexual behavior.				
Abuse or neglect	Annually monitor for behavioral signs of abuse and neglect.				
Preconception counseling	As appropriate, including genetic counseling, folic acid supplementation, discussion of parenting capability.				
Menopause management	At an appropriate age, counsel women on the changes that occur at menopause and their options for the symptom management.				
Healthy Lifestyle	Annually counsel regarding diet/nutrition, incorporating regular physical activity into daily routines, substance abuse.				