

Family Doctor:

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Specialists:

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HEALTHY  WOMAN™



HEALTH TRACKER

Name \_\_\_\_\_

## Routine Screening Recommendations for Adult Women

Test or Procedure	Age 18-49	Age 50-74	Date of Exam		
Blood Pressure Screening	Annually	Annually			
Breast Cancer Screening		Every 1-2 years after age 40, then annually from 50-74 (ACOG)			
Colorectal Cancer Screening		Adults Aged 50-75 Fecal Occult Blood Testing annually, or Flexible sigmoidoscopy every 5 years, or Double-contrast barium enema every 5 years, or Colonoscopy every 10 years			
Depression Screening	Routinely	Routinely			
Lipid Disorder Screening (Cholesterol)		Women over 20 who are at risk for coronary heart disease (every 5 years)			
Obesity Counseling	Routinely	Routinely			
Osteoporosis Screening		Women >64 & women >60 at risk for fracture			
Pap & Pelvic Exam for Cervical Cancer Screening		Beginning at age 21: biennially (After age 30: every 3 years after 3 normals)			
Sexually Transmitted Diseases	Pregnant women				
Tobacco Use Counseling	All smokers	All smokers			
Type 2 Diabetes Screening		Asymptomatic adults with BP > 135/85			
<b>Recommended Vaccinations for Adult Women</b>					
Hepatitis A		2 doses if other risk factors present			
Hepatitis B		3 doses if other risk factors present			
Human Papilloma Virus		3 doses before onset of sexual activity			
Influenza	Annual	Annual			
Measles, Mumps, Rubella	1 or 2 doses	1 dose for women born after 1956			
Meningococcal		1 or more doses if other risk factors are present			
Pneumococcal		1 or 2 doses if other risk factors present; 1 dose for all after age 65 (+ or - booster)			
Tetanus		Every 10 years after initial series			
Varicella		2 doses if not previously vaccinated			
Zoster		1 dose after age 60			
<p>The above recommendations are generic and apply to healthy women who have no symptoms of illness. If you have increased risk of a particular illness, you may need testing sooner than these recommendations or on a more regular basis. Consult your physician for the testing frequency most appropriate to you.</p>			<p>Name: _____ DOB: _____ Blood Type: _____</p>		