



NH Bureau of Developmental Services Annual Health Screening Recommendations (Adult Preventative Care Recommendations)

DISCUSSION TOOL for use at the annual health visit

Intended to guide self-advocates, families & support providers in discussing individual screening exams with a physician or health care provider (HCP)

Name: _____

Age: _____

Date: _____

		Date of last screen	Ask HCP to evaluate need
All Adults			
Height/Weight/BMI	Annually for all ages		
Colorectal Cancer	Not routine unless at high risk. Ages 50 – 75: Annual Fecal Occult Blood Testing (FOBT) OR		
	Colonoscopy every 10 years OR		
	Sigmoidoscopy testing every 5 yrs. + FOBT every 3 yrs.		
Skin cancer	Screen annually for those at high risk		
Hypertension	At every medical encounter and at least annually		
Cardiovascular Disease	Assess risk annually. Screen once for abdominal aortic aneurysm (AAA) men aged 65-75 who have ever smoked		
Cholesterol	Screen with lipid panel: men age 35+; women age 45+ if at increased risk. Screen every 5yrs or earlier if at high risk		
Diabetes (Type II)	Screen every 3 years with the HgbA1c or fasting plasma glucose screen beginning at age 45. Screen at least every 3-5yrs before age 45 if at high risk		
Osteoporosis	Consider BMD screening at any age if risk factors are present. Consider BMD testing for all others 50+ as most adults with I/DD have risk factors by this age. Repeat BMD testing at HCP discretion		
Dysphagia & Aspiration	Screen annually for signs, symptoms, and clinical indicators of dysphagia, GERD, & recurrent aspiration. Consider swallow study and/or endoscopy as appropriate		
STIs/HIV	Screen annually in sexually active patients and others at risk, as appropriate. Screen annually ages 25+ if at risk		
Hepatitis B & C	Periodic testing if at risk. One time Hep C screening for adults born between 1945 – 1965		
Tuberculosis	Assess risk annually; test if at moderate to high risk		
Depression	Screen annually for sleep, appetite disturbance, weight loss, general agitation		
Dementia	Monitor for problems performing daily activities		
Men			
Testicular and Prostate cancer	Consider performing an annual testicular exam. Consider screening and testing options ages 40-65 if at high risk		
Women			
Breast Cancer	Annual clinical breast exam and self-exam instruction		
	Mammography every 2 years ages 50+; earlier/ more frequently if at high risk and at HCP discretion		
Cervical Cancer (Pap Smear/HPV)	Every 3 years starting at age 21. May screen with a combination of Pap and HPV testing every 5yrs ages 30 – 65. Omit after 65 if consistently normal		

		Date of last screen	Ask HCP to evaluate need
Vision and Hearing			
Eye Examination	All should be under an active vision care plan and eye exam schedule from an ophthalmologist or optometrist. People with diabetes should have an annual eye exam		
Glaucoma	Assess at least once by age 22 and follow-up every 2-3 years. Assess every 1-2 yrs. ages 40+. Assess more often if at high risk		
Hearing Assessment	Assess for hearing changes annually. If changes are present, refer to audiologist for full screen		
Immunizations			
TDAP V	Three doses given once. TD booster every 10 yrs.		
Influenza	Annually unless medically contraindicated		
Pneumococcal	PCV13 and PPSV-23 vaccine given once each ages 19-64 who are at high risk. Re-vaccinate once at age 65		
Hep A	Offer to adults with chronic liver disease		
Hep B	3-dose series once		
HPV	3 doses for unvaccinated adults 26 and under		
Zoster (shingles)	Once after age 60. Not for weak immune systems		
Varicella	2 doses for unvaccinated adults or no history of chicken pox		
Other Populations			
Persons with Down Syndrome	Monitor thyroid function regularly		
	Obtain baseline of cervical spine x-ray to rule out atlantoaxial instability. Needed once. If negative, no need to repeat, unless symptomatic		
	Baseline echocardiogram if no records of cardiac function are available		
	Annual screen for dementia after age 40		
Hep B Carriers	Annual liver function test		
General Counseling and Guidance			
Prevention Counseling	Annually. Accident/fall prevention, fire/burns, choking		
Abuse or neglect	Annually monitor for behavioral signs of abuse/neglect		
Healthy Lifestyle	Annually. Diet/nutrition, physical activity, substance abuse		
Preconception counseling	As appropriate. Genetic counseling, folic acid supplementation, discussion of parenting capability		
Menopause management	Counsel on change and symptom management		

Other screenings to be considered at this appointment (May include tests recommended previously or by other clinicians that have not yet been performed)