

## 2019 PREVENTIVE CARE GUIDE

♂ Male ♀ Female

PREVENTIVE CARE SERVICE			WHAT IS RECOMMENDED IF YOU ARE							
AND TIMING			18-29	In Your 30s	In Your 40s	In Your 50s	60 and Older			
Screenings and Exams (associated with routine office visits)	Bone density screening	<b>d<sup>7</sup>Q</b> By risk and physician recommendation				Have one or more risk factors for osteoporosis, or experienced a broken bone	Postmenopausal: Consider a bone density screening if you are 65 or older			
	Chlamydia and Gonorrhea testing	Ages 16-24: get a chlamydia test if sexually active		Over age 24, only if increased risk factors are present						
	Cholesterol screening /lipid panel	<b>්ද</b> Every 5 Years		If increased cardiac risk			>			
	Colon Cancer screening	<b>ै</b> ़ Ages 50-74: Get a colon cancer screening			(		>			
	Mammogram	<b>Q</b> Every 2 Years				If parent or sibling had breast cancer				
	Pap Screening	Q Age 21-30: Get a pap test every 3 years. Age 31-65: Get a combined pap and HPV test every 5 years.					>			
Immunizations (associated with routine office visits)	Flu Shot	<b>්ද</b> Every Year					>			
	HPV vaccine	<b>0°</b> O Age 26 and under: Get two or three doses	$\rightarrow$							
	Meningococcal conjugated vaccine (MCV4)	College students living in a dorm, if not already immunized by family clinician	$\rightarrow$							
	Pneumonia vaccine (PCV-13 and PPSV23)	Twice over the age of 50. If other health conditions are present, speak with your doctor.					>			
	Shingles vaccine	Once at age 65. If other health conditions are present, speak with a doctor					>			
	Tetanus/diphtheria (Td) booster	<b>්</b> ට Every 10 Years								
Wellness Office Visits and Exams	Advance Directives	Complete your healthcare power of attorney or living will								
	Routine office visit and exam	<b>ඊං</b> Every Year with your doctor or registered nurse								



## 2019 PREVENTIVE CARE GUIDE WELL-CARE FOR YOUR DEPENDENT CHILDREN

## ♂ Male ♀ Female

	WHAT IS	RECOMMEN				
Wellness Office Visits and Exams	0-12 months		12-24 months	24 months through 18 years old		
Six visits (every other month	) 🗸					
Three visits (every 4 months	)		$\checkmark$			
Annual visit (once a year)				$\checkmark$		
Immunizations associated with routine office visits)	One Dose	Two Doses	Three Doses	Four Doses	Five Doses	
Hepatitis A		✓				
Hepatitis B			$\checkmark$			
Diphtheria, tetanus, pertussis (DtaP) (whooping cough)					$\checkmark$	
Tdap	✓ At age 7-10					
Haemophilus influenza type B	s		✓ If taking PedvaxHIB	✓ If taking ActHIB, Hiberix or Pentacel		
Polio				$\checkmark$		
Pneumococcal (respiratory infection)				~		
Varicella (chickenpox)		$\checkmark$				
Measles, mumps, rubella		✓				
Flu shot (each year)	√ Yearly	Get two shots separately in the first year				
Meningitis vaccine (MCV4)		✓ Between ages 11-12 ✓ At age 16				
Rotavirus vaccine						
HPV vaccine 2 or 3 doses, depending on a	age	✓	✓ Between ages 9-26			
Screenings and Exams associated with routine office visits)	0-12 months	12-24 months	2-6 years old	6-10 years old	10-14 years old	14-18 years old
Hearing screening (at time of well-child vis	it)		✓ Yearly starting at age 4			
Vision screening (at time of well-child vis	By 6 months		✓ Yearly starting at age 3			
Chlamydia test						Q ✓ Ages 16-2 sexually a
Dental screening and cleaning	At 12 months	Ļ				

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