

Annual Preventive Health Screening Report—Female

Name: _____ DOB: _____

Condition	Screening Indicators	Test	Completion
Breast Cancer	Age 50-74 years	Mammography (every two years) Ultrasound (if mammography cannot be tolerated – every two years)	Test Completed _____ Completion Date _____ Refused _____ Not Indicated Based Upon _____
BRCA 1 and 2 Genes	Women of any age who have Family Members with Breast, Ovarian, Tubal, or Peritoneal Cancer	One time genetic counseling.	Completion Date _____ Refused _____ Not Indicated Based Upon _____
Cervical Cancer	21-65 years	Pap smear every 3 years	Completion Date _____ Refused _____ Not Indicated Based Upon _____
Cervical Cancer	30-65 years	May want to consider combination Pap smear and HPV test every 5 years	Completion Date _____ Refused _____ Not Indicated _____
Cervical Cancer	Older than 65 or Hysterectomy	Consult with your physician	Consult Completion Date _____
Colon Cancer	<ul style="list-style-type: none"> • 50-75 years (Note: Those with inherited forms of colon cancer or IBD will require more frequent testing per MD recommendation) • 76-85 years: Do not screen routinely • 86 and over: Do not screen 	<ul style="list-style-type: none"> • Colonoscopy (every 10 years) or • Sigmoidoscopy (every 5 years with FOBT every 3 years) or • FOBT x 3 (annually) 	Test Performed _____ Completion Date _____ Refused _____ Not Indicated Based Upon _____
Dementia	<ul style="list-style-type: none"> • Down syndrome (40 years and older) • Cognitive changes at any age 	NTG-EDSD Dementia Screen http://aadmd.org/sites/default/files/NTG-EDSD-Final.pdf <ul style="list-style-type: none"> • Annual screen for 40 year and over DS • At time of observed cognitive changes for all others 	Screen Completed Date _____
Depression		Glasgow Depression Screen (annually)	Interview and Observation Completed Date _____ Observation Only Completed Date _____
Diabetes	<ul style="list-style-type: none"> • Hypertension or taking anti-hypertensives • Taking SSRI 	Blood glucose (annually for high risk; every three years for low risk)	Completion Date _____ Refused _____ Not Indicated Base Upon _____

Condition	Screening Indicators	Test	Completion
Hepatitis B	<ul style="list-style-type: none"> • HIV positive • Injection drug users • Men who have sex with men • Living with or having sex with someone with HBV infection • Compromised immune systems • Undergoing hemodialysis 	HBsAg level. Frequency to be determined by the treating physician.	Completion Date _____ Refused Not Indicated Based Upon _____ _____
Hepatitis C Virus	<ul style="list-style-type: none"> • Born between 1945 and 1965 • History of injection drug use • Blood transfusion prior to 1993 	Titer (one time screen)	Completion Date _____ Refused Not Indicated Based Upon _____ _____
High Blood Pressure		Check blood pressure annually	BP Reading _____ Date of Reading _____
HIV	<ul style="list-style-type: none"> • Below age 65 and engaging in: <ul style="list-style-type: none"> – unprotected vaginal or anal intercourse – having sexual partners who are HIV-infected – bisexual, or injection drug users – exchanging sex for drugs or money • Over age 65, consult your doctor 	HIV screen (one time screen. Repeat screen depending on history of recent high-risk behavior.)	Completion Date _____ Refused Not Indicated Based Upon _____ _____
Lipid Disorders	<ul style="list-style-type: none"> • 45 years and older • Person with diabetes • Previous personal history of CHD or non-coronary atherosclerosis (e.g., abdominal aortic aneurysm, peripheral artery disease, carotid artery stenosis). • A family history of cardiovascular disease before age 50 in male relatives or age 60 in female relatives. • Tobacco use. • Hypertension. • Obesity (BMI ≥ 30). 	Total cholesterol and HDL-C on non-fasting or fasting samples every five years unless an abnormal result is determined.	Test Completed _____ Completion Date _____ Refused Not Indicated Based Upon _____ _____
Liver Disease	Chronic Hepatitis B infection	Every 6 months: CBC <ul style="list-style-type: none"> • liver function tests • prothrombin time • HBeAg/anti-HBe • serum HBV-DNA levels • tested for possible co-infections with the hepatitis D and C viruses 	Tests Completed CBC LFT PTT HBeAg/anti-HBe BHV-DNA Hepatitis D Hepatitis C Completion Date _____ Refused Not Indicated Based Upon _____ _____ Does Not Apply

Condition	Screening Indicators	Test	Completion
Lung Cancer	<ul style="list-style-type: none"> • Age 55-80 with a history of smoking • 30-year pack history • Quit in the past 15 years 	Annual low dose computed tomography	Test Completed _____ Date of Test _____ Refused Not Indicated
Osteoporosis	<ul style="list-style-type: none"> • 65 years and older • Post-menopausal • White race • Long-term use of one of the following drug categories <ul style="list-style-type: none"> – Corticosteroids – Thyroid hormones – Hormone deprivation therapeutics – Anti-epileptics Use risk assessment tool for younger women to determine risk http://depts.washington.edu/osteod/tools.php?type=orai	One time DEXA scan of hip and lumbar spine. After initial screen, repeat screenings to be determined by PCP.	Completion Date _____ Refused Not Indicated Based Upon _____ _____
Overweight and Obesity		Annual computation of Body Mass Index http://www.nhlbi.nih.gov/guidelines/obesity/BMI/bmicalc.htm	BMI _____ Date Calculated _____
Sexually Transmitted Infections	<ul style="list-style-type: none"> • Current STIs or other infections within the past year • Multiple sex partners • Sexually active and does not consistently use condoms 	Annual behavioral counselling	Referred to _____ Date Referred _____

Guidelines for Women with Down syndrome based on the 1999 Down Syndrome Health Care Guidelines for Individuals with Down Syndrome as published in Down Syndrome Quarterly (Volume 4, Number 3, September, 1999, pp. 1-16.)

Condition	Screening Indicators	Test	Completion
Atlanto-axial Dislocation	Athletic activities	Cervical spine x-ray (one time screen)	Test Completed Date of Test _____ Refused
Hearing Loss	Down syndrome/small ear canals	Auditory testing every two years	Test Completed Date of Test _____ Refused
Hypothyroidism	Down syndrome	TSH (annually) T4 Thyroid Function Test (annually)	Test Completed Date of Test _____ Refused Test Completed Date of Test _____ Refused
Keratoconus and Cataracts	Down syndrome	Ophthalmologic exam every two years	Exam Completed Date of Exam _____ Refused

Condition	Screening Indicators	Test	Completion
Mitral and/or Aortic Valve Problems	Down syndrome	Clinical evaluation of the heart (frequency determined by PCP or cardiologist)	Exam Completed Date of Exam _____ Refused Condition Not Present ECHO indicated ECHO completed Date of ECHO _____ Refused

Screenings on this protocol are per the recommendations of the *US Preventive Services Task Force*. Some individuals will require a different schedule of screening based on family history and personal risk factors. The primary care provider in collaboration with the person and health care decision-makers ultimately determines the necessity of screening. If a screening is deferred, include a simple explanation in the progress note or annual nursing assessment.

 Report Prepared By (Include Title)

 Signature

 Date of Completion