Medicare 10 year Personal Screening schedule

Name: **Birthdate:**

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Abdominal Aneurysm Screening for Males 65-75											
(with any history of tobacco use)											
Alcohol Use Screening											
Aspirin use in high risk adults											
(men age > 45, women age > 55)											
Breast/mammogram Screening every 1-2 years											
(age 40-75)											
Cervical Cancer Screening/PAP test											
for age 21-65 every 1-3 years											
Cholesterol screening every 5 years											
Colon Cancer Screen by: **colonoscopy (variable)**											
: fecal occult blood (yrly)											
Depression Screening yearly											
Diabetes Screening in high risk individual											
Hepatitis C Screening born 1945-1965 (one time)											
High Blood Pressure Screening											
HIV age 18-65, ***Any person Anytime***											
Intimate Partner Violence (child bearing age)											
Low Dose CT Screen for lung cancer											
(age > 55 and 30 pack yr hx of tobacco use)											
Obesity Screening (BMI > 30)											
Osteoporosis Screen (DEXA) every 2 yr age > 65											
Tobacco use Counseling											

R = Refused ***P = Pending*** ***X = Completed***

IMMUNIZATION RECOMMENDATIONS	15-16	16-17	17-18	18-19	19-20	20-21	21-22	22-23	23-24	24-25	25-26
Influenza (flu)											
Pneumonia (once age > 65)											
Tetanus/Diphtheria (Td) every 10 Yr.											
Tetanus/Diphtheria/Pertussis (TDAP)											
Shingles once after age 60											