

# Comprehensive Health Assessment - Annual

<b>50+ Years: Female</b>	Actual Age: _____	Date: _____
Medical Record #		
Primary Language		
Interpreter Requested	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
Name of Interpreter		
<b>Intake</b>	<b>Vital Signs</b>	
Allergies	Temp	
Height	BP	
Weight	Pulse	
BMI Value	Resp	
Pain	Location: _____ Scale: 0 1 2 3 4 5 6 7 8 9 10	
Dental Provider	Last visit date: _____	
<a href="#">Advance Directive</a> Info Given/Discussed	<input type="checkbox"/> Yes <input type="checkbox"/> Refused	
Chronic Problems/Significant Conditions: <input type="checkbox"/> See Problem List		
Current Medications/Vitamins: <input type="checkbox"/> See Medication List <input type="checkbox"/> taking 0.4 to 0.8 mg of folic acid daily (for reproductive females)		
Limitations (physical or mental): _____		
<b>Interval History</b>		
Diet / Nutrition	<input type="checkbox"/> Regular <input type="checkbox"/> Low calorie <input type="checkbox"/> ADA <input type="checkbox"/> Iron-rich foods <input type="checkbox"/> Other: _____	
Appetite	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Physical Activity	<input type="checkbox"/> Inactive (little or none) <input type="checkbox"/> Some (< 2 ½ hrs/week) <input type="checkbox"/> Active (≥ 2 ½ hrs per week w/ 2 days strength training)	
Weight <input type="checkbox"/> Loss <input type="checkbox"/> Gain	_____ lbs	<input type="checkbox"/> Intentional <input type="checkbox"/> Unintentional
LMP:	G   P   A	<input type="checkbox"/> Menorrhagia <input type="checkbox"/> Menopause
Hysterectomy	<input type="checkbox"/> Partial <input type="checkbox"/> Total	
Sexually active	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Multiple Partners	
Contraceptive Used	<input type="checkbox"/> None <input type="checkbox"/> Condoms <input type="checkbox"/> Other: _____	
Last PAP	Date: _____	<input type="checkbox"/> WNL
Last Mammogram	Date: _____	<input type="checkbox"/> WNL
Last Colonoscopy	Date: _____	<input type="checkbox"/> WNL
<b>Current Alcohol / Substance Use</b>	<input type="checkbox"/> None <input type="checkbox"/> Alcohol	
<input type="checkbox"/> Drugs (specify):	<input type="checkbox"/> IV Drugs (or past Hx)	<input type="checkbox"/> Tobacco / Vape Packs/day:
<b>Family History</b>	<input type="checkbox"/> None <input type="checkbox"/> Diabetes	
<input type="checkbox"/> Heart disease	<input type="checkbox"/> HTN	<input type="checkbox"/> Hip fracture
<input type="checkbox"/> High cholesterol	<input type="checkbox"/> Cancer	<input type="checkbox"/> Other: _____

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

<b>Immunization History / Date</b>	<input type="checkbox"/> None <input type="checkbox"/> See <a href="#">CAIR</a>	<input type="checkbox"/> Tdap:	
<input type="checkbox"/> COVID #1:	<input type="checkbox"/> Influenza:	<input type="checkbox"/> Varicella:	
<input type="checkbox"/> COVID #2:	<input type="checkbox"/> MMR:	<input type="checkbox"/> Zoster:	
<input type="checkbox"/> COVID Booster(s):	<input type="checkbox"/> Hepatitis B:	<input type="checkbox"/> Pneumococcal:	
<input type="checkbox"/> Hepatitis B:	<input type="checkbox"/> Pneumococcal:	<input type="checkbox"/> Other:	
<b>USPSTF Risk Screener</b>	<b>Screening Tools Used</b>	<b>Low Risk</b>	<b>High Risk</b> (see Plan/Orders/AG)
Alcohol Misuse	<input type="checkbox"/> <a href="#">SHA</a> , <input type="checkbox"/> <a href="#">CRAFFT</a> , <input type="checkbox"/> H&P, <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Breast Cancer	<input type="checkbox"/> H&P, <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Cervical Cancer	<input type="checkbox"/> H&P, <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Colorectal Cancer	<input type="checkbox"/> H&P, <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/> <a href="#">PHQ2</a> , <input type="checkbox"/> <a href="#">PHQ9</a> , <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/> H&P, <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Drug Misuse	<input type="checkbox"/> <a href="#">SHA</a> , <input type="checkbox"/> <a href="#">CRAFFT</a> , <input type="checkbox"/> H&P, <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Dyslipidemia	<input type="checkbox"/> H&P, <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/> H&P, <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C	<input type="checkbox"/> H&P, <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/> <a href="#">SHA</a> , <input type="checkbox"/> H&P, <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Lung Cancer	<input type="checkbox"/> H&P, <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Obesity	<input type="checkbox"/> H&P, <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/> H&P, <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Sexually Transmitted Infections	<input type="checkbox"/> <a href="#">SHA</a> , <input type="checkbox"/> H&P, <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco Use	<input type="checkbox"/> <a href="#">SHA</a> , <input type="checkbox"/> <a href="#">CRAFFT</a> , <input type="checkbox"/> H&P, <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis Exposure	<input type="checkbox"/> <a href="#">TB Risk Screener</a> , <input type="checkbox"/> H&P, <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>Physical Examination</b>		<b>WNL</b>	
General appearance	Well-nourished & developed No abuse/neglect evident	<input type="checkbox"/>	
Head	No lesions	<input type="checkbox"/>	
Eyes	PERRLA, conjunctivae & sclerae clear Vision grossly normal	<input type="checkbox"/>	
Ears	Canals clear, TMs normal Hearing grossly normal	<input type="checkbox"/>	
Nose	Passages clear, MM pink, no lesions	<input type="checkbox"/>	
Teeth	No visible cavities, grossly normal	<input type="checkbox"/>	
Mouth / Pharynx	Oral mucosa pink, no lesions	<input type="checkbox"/>	
Neck	Supple, no masses, thyroid not enlarged	<input type="checkbox"/>	
Chest / Breast	Symmetrical, no masses	<input type="checkbox"/>	
Heart	No organic murmurs, regular rhythm	<input type="checkbox"/>	
Lungs	Clear to auscultation bilaterally	<input type="checkbox"/>	
Abdomen	Soft, no masses, liver & spleen normal	<input type="checkbox"/>	

# Comprehensive Health Assessment - Annual

Genitalia	Grossly normal	<input type="checkbox"/>
Female	No lesions, normal external appearance	<input type="checkbox"/>
Vaginal exam	Done or completed elsewhere OB/GYN name:	<input type="checkbox"/>
Femoral pulses	Present & equal	<input type="checkbox"/>
Extremities	No deformities, full ROM	<input type="checkbox"/>
Lymph nodes	Not enlarged	<input type="checkbox"/>
Back	No scoliosis	<input type="checkbox"/>
Skin	Clear, no significant lesions	<input type="checkbox"/>
Neurologic	Alert, no gross sensory or motor deficit	<input type="checkbox"/>
<b>Subjective / Objective</b>		
<b>Assessment</b>		
<b>Plan</b>		
<b>Referrals</b>		
<input type="checkbox"/> Dentist	<input type="checkbox"/> Optometrist / Ophthalmologist	<input type="checkbox"/> Dietician / Nutritionist
<input type="checkbox"/> Drug / ETOH Tx rehab	<input type="checkbox"/> Behavioral health	<input type="checkbox"/> Tobacco cessation class
<input type="checkbox"/> OB/GYN	<input type="checkbox"/> Other:	
<b>Orders</b>		
<input type="checkbox"/> COVID 19 vaccine / booster	<input type="checkbox"/> Hep B Panel (if high risk)	<input type="checkbox"/> CBC / Basic metabolic panel
<input type="checkbox"/> Hep B vaccine (if not up to date)	<input type="checkbox"/> Hep C Antibody test (if high risk)	<input type="checkbox"/> Hct / Hgb <input type="checkbox"/> Lipid panel
<input type="checkbox"/> Influenza vaccine	<input type="checkbox"/> Chlamydia <input type="checkbox"/> Gonorrhea	<input type="checkbox"/> PPD skin test <input type="checkbox"/> QFT
<input type="checkbox"/> MMR (if not up to date)	<input type="checkbox"/> HIV <input type="checkbox"/> Herpes	<input type="checkbox"/> CXR <input type="checkbox"/> Urinalysis
<input type="checkbox"/> Pneumococcal	<input type="checkbox"/> Syphilis <input type="checkbox"/> Trichomonas	<input type="checkbox"/> ECG <input type="checkbox"/> COVID 19 test
<input type="checkbox"/> Tdap	<input type="checkbox"/> Rx for folic acid 0.4-0.8mg daily	<input type="checkbox"/> Fasting plasma glucose <input type="checkbox"/> Oral glucose tolerance test
<input type="checkbox"/> Varicella (if not up to date)	<input type="checkbox"/> gFOBT or Fit <input type="checkbox"/> Colonoscopy	<input type="checkbox"/> HbA1C <input type="checkbox"/> Low to moderate dose statin
<input type="checkbox"/> Zoster	<input type="checkbox"/> PAP <input type="checkbox"/> Mammogram <input type="checkbox"/> Bone Density Test	<input type="checkbox"/> Low Dose CT (20-pack year smoking history & currently smoke or have quit within past 15 years)
<input type="checkbox"/> Other:		

Name:

DOB:

<b>Anticipatory Guidance (AG) / Education (✓ if discussed)</b>		
<b>Diet, Nutrition &amp; Exercise</b>		
<input type="checkbox"/> Weight control / obesity	<input type="checkbox"/> Vegetables, fruits	<input type="checkbox"/> Lean protein
<input type="checkbox"/> Whole grains / iron-rich foods	<input type="checkbox"/> Limit fatty, sugary & salty foods	<input type="checkbox"/> Limit candy, chips & ice cream
<input type="checkbox"/> Physical activity / exercise	<input type="checkbox"/> Healthy food choices	<input type="checkbox"/> Eating disorder
<b>Accident Prevention &amp; Guidance</b>		
<input type="checkbox"/> Alcohol/drug/substance misuse counseling	<input type="checkbox"/> Avoid risk-taking behavior	<input type="checkbox"/> Independence
<input type="checkbox"/> Signs of depression (suicidal ideation)	<input type="checkbox"/> Gun safety	<input type="checkbox"/> Personal development
<input type="checkbox"/> Mental health (emotional support)	<input type="checkbox"/> Violent behavior	<input type="checkbox"/> Goals in life
<input type="checkbox"/> Diabetes management	<input type="checkbox"/> Mindful of daily movements	<input type="checkbox"/> Work or retirement activities
<input type="checkbox"/> Sex education (partner selection)	<input type="checkbox"/> Motor vehicle safety (DUI / no texting & driving)	<input type="checkbox"/> Family support, social interaction & communication
<input type="checkbox"/> Safe sex practices (condoms, contraception, HIV/AIDS)	<input type="checkbox"/> Seat belt	<input type="checkbox"/> Self-breast exam
<input type="checkbox"/> Smoking/vaping use/exposure	<input type="checkbox"/> Safety helmet	<input type="checkbox"/> Aging process
<input type="checkbox"/> Routine dental care	<input type="checkbox"/> ASA use	<input type="checkbox"/> Perimenopause education
<b>Tobacco Cessation</b> Quit Date:		
<input type="checkbox"/> Advised to quit smoking	<input type="checkbox"/> Discuss smoking cessation medication	<input type="checkbox"/> Discuss smoking cessation strategies
<b>Next Appointment</b>		
<input type="checkbox"/> 1 year	<input type="checkbox"/> RTC PRN	<input type="checkbox"/> Other:

<b>Documentation Reminders</b>		
<input type="checkbox"/> Staying Healthy Assessment / IHEBA forms reviewed, completed, dated, & signed by provider	<input type="checkbox"/> Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)	<input type="checkbox"/> Problem / Medication Lists updated

MA / Nurse Signature	Title	Date
Provider Signature	Title	Date

<b>Notes (include date, time, signature, and title on all entries)</b>

# Comprehensive Health Assessment - Annual

<b>50+ Years: Male</b>	Actual Age: _____	Date: _____
Medical Record #		
Primary Language		
Interpreter Requested	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
Name of Interpreter		
<b>Intake</b>	<b>Vital Signs</b>	
Allergies	Temp	
Height	BP	
Weight	Pulse	
BMI Value	Resp	
Pain	Location: _____ Scale: 0 1 2 3 4 5 6 7 8 9 10	
Dental Provider	Last visit date: _____	
<a href="#">Advance Directive</a> Info Given/Discussed	<input type="checkbox"/> Yes <input type="checkbox"/> Refused	
Chronic Problems/Significant Conditions: <input type="checkbox"/> See Problem List		
Current Medications/Vitamins: <input type="checkbox"/> See Medication List		
Limitations (physical or mental): _____		
<b>Interval History</b>		
Diet / Nutrition	<input type="checkbox"/> Regular <input type="checkbox"/> Low calorie <input type="checkbox"/> ADA <input type="checkbox"/> Iron-rich foods <input type="checkbox"/> Other: _____	
Appetite	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Physical Activity	<input type="checkbox"/> Inactive (little or none) <input type="checkbox"/> Some (< 2 ½ hrs/week) <input type="checkbox"/> Active (≥ 2 ½ hrs per week w/ 2 days strength training)	
Weight <input type="checkbox"/> Loss <input type="checkbox"/> Gain	_____ lbs <input type="checkbox"/> Intentional <input type="checkbox"/> Unintentional	
Sexually active	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Multiple Partners <input type="checkbox"/> MSM	
Contraceptive Used	<input type="checkbox"/> None <input type="checkbox"/> Condoms <input type="checkbox"/> Other: _____	
Last Colonoscopy	Date: _____	<input type="checkbox"/> WNL
<b>Current Alcohol / Substance Use</b>	<input type="checkbox"/> None <input type="checkbox"/> Alcohol	
<input type="checkbox"/> Drugs (specify): _____	<input type="checkbox"/> IV Drugs (or past Hx)	<input type="checkbox"/> Tobacco / Vape Packs/day: _____
<b>Family History</b>	<input type="checkbox"/> Unremarkable <input type="checkbox"/> Diabetes	
<input type="checkbox"/> Heart disease	<input type="checkbox"/> HTN	<input type="checkbox"/> Asthma
<input type="checkbox"/> High cholesterol	<input type="checkbox"/> Cancer	<input type="checkbox"/> Other: _____
<b>Immunization History / Date</b>	<input type="checkbox"/> None <input type="checkbox"/> Tdap: _____ <input type="checkbox"/> See <a href="#">CAIR</a>	
<input type="checkbox"/> COVID #1:	<input type="checkbox"/> Influenza:	<input type="checkbox"/> Varicella:
<input type="checkbox"/> COVID #2:	<input type="checkbox"/> MMR:	<input type="checkbox"/> Zoster:
<input type="checkbox"/> COVID Booster(s):	<input type="checkbox"/> Pneumococcal:	<input type="checkbox"/> Other: _____

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

USPSTF Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/Orders/AG)
Abdominal Aortic Aneurism	<input type="checkbox"/> H&P, <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol Misuse	<input type="checkbox"/> <a href="#">SHA</a> , <input type="checkbox"/> <a href="#">CRAFFT</a> , <input type="checkbox"/> H&P, <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Colorectal Cancer	<input type="checkbox"/> H&P, <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/> <a href="#">PHQ2</a> , <input type="checkbox"/> <a href="#">PHQ9</a> , <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/> H&P, <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Drug Misuse	<input type="checkbox"/> <a href="#">SHA</a> , <input type="checkbox"/> <a href="#">CRAFFT</a> , <input type="checkbox"/> H&P, <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Dyslipidemia	<input type="checkbox"/> H&P, <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/> H&P, <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C	<input type="checkbox"/> H&P, <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/> <a href="#">SHA</a> , <input type="checkbox"/> H&P, <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Lung Cancer	<input type="checkbox"/> H&P, <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Obesity	<input type="checkbox"/> H&P, <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Sexually Transmitted Infections	<input type="checkbox"/> <a href="#">SHA</a> , <input type="checkbox"/> H&P, <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco Use	<input type="checkbox"/> <a href="#">SHA</a> , <input type="checkbox"/> <a href="#">CRAFFT</a> , <input type="checkbox"/> H&P, <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis Exposure	<input type="checkbox"/> <a href="#">TB Risk Assessment</a> , <input type="checkbox"/> H&P, <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>Physical Examination</b>		<b>WNL</b>	
General appearance	Well-nourished & developed No abuse/neglect evident	<input type="checkbox"/>	
Head	No lesions	<input type="checkbox"/>	
Eyes	PERRLA, conjunctivae & sclerae clear Vision grossly normal	<input type="checkbox"/>	
Ears	Canals clear, TMs normal Hearing grossly normal	<input type="checkbox"/>	
Nose	Passages clear, MM pink, no lesions	<input type="checkbox"/>	
Teeth	No visible cavities, grossly normal	<input type="checkbox"/>	
Mouth / Pharynx	Oral mucosa pink, no lesions	<input type="checkbox"/>	
Neck	Supple, no masses, thyroid not enlarged	<input type="checkbox"/>	
Chest	Symmetrical, no masses	<input type="checkbox"/>	
Heart	No organic murmurs, regular rhythm	<input type="checkbox"/>	
Lungs	Clear to auscultation bilaterally	<input type="checkbox"/>	
Abdomen	Soft, no masses, liver & spleen normal	<input type="checkbox"/>	
Genitalia	Grossly normal	<input type="checkbox"/>	
Male	Circ /uncircumcised, testes in scrotum Prostate Exam / Rectal	<input type="checkbox"/>	
Femoral pulses	Present & equal	<input type="checkbox"/>	
Extremities	No deformities, full ROM	<input type="checkbox"/>	
Lymph nodes	Not enlarged	<input type="checkbox"/>	
Back	No scoliosis	<input type="checkbox"/>	



# BONUS DIGITAL CONTENT

## Adult Preventive Health Care Schedule: Recommendations from the USPSTF (as of June 18, 2021)

To be used in conjunction with USPSTF recommendation statements (for additional details see tables and references at <https://www.aafp.org/afp/PHCS>)

Only grade A/B recommendations are shown

Age	18	21	24	25	35	40	45	50	55	59	65	70	74	75	80
<b>USPSTF screening recommendations</b>															
Alcohol misuse <sup>1</sup>	(B)														
Depression <sup>2</sup>	(B)														
Hypertension <sup>3</sup>	(A)														
Obesity/weight loss <sup>4</sup>	(B) if BMI 30 kg per m <sup>2</sup> or greater														
Tobacco use and cessation <sup>5</sup>	(A)														
Hepatitis C virus infection <sup>6</sup>	(B)														
HIV infection <sup>7</sup>	(A) (A) if at increased risk														
Hepatitis B virus infection <sup>8</sup>	(B) if at increased risk														
Syphilis <sup>9</sup>	(A) if at increased risk														
Tuberculosis <sup>10</sup>	(B) if at increased risk														
BRCA gene risk assessment <sup>11</sup>	(B) if appropriate personal or family history of BRCA-related cancer or ancestry														
Chlamydia and gonorrhea <sup>12</sup>	(B) if sexually active (B) if at increased risk														
Intimate partner violence <sup>13</sup>	(B) women of childbearing age														
Cervical cancer <sup>14</sup>	(A) See p. 3 for test options and screening intervals														
Abnormal glucose/type 2 diabetes mellitus <sup>15</sup>	(B) if overweight or obese														
Colorectal cancer <sup>16</sup>	(B) (A)														
Breast cancer <sup>17</sup>	(B) biennial screening														
Lung cancer <sup>18</sup>	(B) if 20-pack-year history and current or former smoker (quit in past 15 years)														
Osteoporosis <sup>19</sup>	(B) if postmenopausal and elevated risk (B)														
Abdominal aortic aneurysm <sup>20</sup>	(B) if an "ever smoker"														
Unhealthy drug use <sup>21</sup>	(B)														
<b>USPSTF preventive therapies recommendations</b>															
HIV preexposure prophylaxis <sup>22</sup>	(A) if at high risk of HIV infection														
Primary prevention of breast cancer <sup>23</sup>	(B) offer if at increased risk for breast cancer and low risk for side effects														
Folic acid supplementation <sup>24</sup>	(A) if capable of conceiving														
Statins for primary prevention of CVD <sup>25</sup>	(B) see criteria on p. 4														
Aspirin for primary prevention of CVD and colorectal cancer <sup>26</sup>	(B) if ≥ 10% 10-year CVD risk														
Fall prevention in community-dwelling older adults <sup>27</sup>	(B) exercise interventions if at increased fall risk														
<b>USPSTF counseling recommendations</b>															
Sexually transmitted infection prevention <sup>28</sup>	(B) if at increased risk														
Diet/activity for CVD prevention <sup>29</sup>	(B) adults with CVD risk factors														
Skin cancer prevention <sup>30</sup>	(B) if fair skinned														
Healthy weight gain in pregnancy <sup>31</sup>	(B) all pregnant women														
<b>Legend</b>															
	Normal risk		With specific risk factor		Recommendation grades										
Recommendation for men and women	[Green]		[Light Green]		A	Recommended (likely significant benefit)									
Recommendation for men only	[Blue]		[Light Blue]		B	Recommended (likely moderate benefit)									
Recommendation for women only	[Yellow]		[Light Yellow]		C	Do not use routinely (benefit is likely small)									
					D	Recommended against (likely harm or no benefit)									
					I	Insufficient evidence to recommend for or against									

BMI = body mass index; CVD = cardiovascular disease; USPSTF = U.S. Preventive Services Task Force.

Visual adaptation from recommendation statements by Swenson PF, Lindberg C, Carrilo C, and Clutter J.

### HIV RISK FACTORS

- |                                  |   |
|----------------------------------|---|
| IV drug use                      | Sex with individuals who are IV drug users, bisexual, or HIV positive |
| Men who have sex with men        |   |
| Other STI                        | Unprotected sex, including anal intercourse                           |
| Requesting STI testing           |   |
| Sex exchanged for drugs or money |   |

**Patients in whom to consider PrEP:**

Sexually active men who have sex with men who have any of the following:

- Sexual relationship with serodiscordant partner
- Inconsistent use of condoms during anal sex
- Syphilis, gonorrhea, or chlamydia infection in past six months

Sexually active heterosexual patients with any of the following:

- Sexual relationship with serodiscordant partner
- Inconsistent use of condoms with high-risk partner
- Syphilis or gonorrhea infection in past six months

Injection drug users with any of the following:

- Shared drug-injection equipment
- Risks of infection through sex (see above)

IV = intravenous; PrEP = preexposure prophylaxis; STI = sexually transmitted infection.

### HEPATITIS B INFECTION RISK FACTORS

- |                                    |   |
|------------------------------------|---|
| HIV infection                      | Men who have sex with men   |
| Infected sex partner               | Origin from regions* with prevalence $\geq$ 2%  |
| Intravenous drug use               | U.S.-born children of immigrants from regions* with prevalence $\geq$ 8%, if unvaccinated |
| Living with an infected individual |   |

\*—Risk of regions can be found at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5708a1.htm>.

### SYPHILIS RISK FACTORS

- |                            |                                  |
|----------------------------|----------------------------------|
| High-risk sexual behaviors | Men who have sex with men        |
| Incarceration              | Sex exchanged for drugs or money |
| Local prevalence           |                                  |

### TUBERCULOSIS RISK FACTORS

- |                                |  |
|--------------------------------|--|
| Health professionals*          | Prisoners, including former                      |
| Homelessness, including former | Residents of high-risk regions, including former |
| Immunosuppression*             |  |

\*—Evidence for screening not reviewed by the USPSTF because this is standard practice in public health and standard of care for patients with immunosuppression, respectively.

### CHLAMYDIA AND GONORRHEA RISK FACTORS

- |   |  |
|---|--|
| New or multiple sex partners            | Sex exchanged for drugs or money           |
| Other STI, including history of STI     | Sexually active adolescents                |
| Partner with STI                        | Unprotected sex or inconsistent condom use |
| Partners who have multiple sex partners |  |

STI = sexually transmitted infection.

### CARDIOVASCULAR DISEASE RISK FACTORS

- |   |   |
|---|---|
| Atherosclerotic cardiovascular disease risk $\geq$ 7.5% | Hypertension or elevated blood pressure |
| Dyslipidemia  | Metabolic syndrome                      |

### BREAST CANCER RISK FACTORS

Consider use of a risk-assessment model for patients with a history of biopsy or positive family history

### SEXUALLY TRANSMITTED INFECTION RISK FACTORS

Similar to those risk factors listed previously for sexually transmitted infections; consider local and population-based prevalence in individual risk assessment

**Adult Preventive Health Care Schedule: Recommendations from the USPSTF**

**Grade A/B Recommendations (with Associated Grade C/D/I Recommendations):**

**Alcohol misuse screening<sup>1</sup>**

(B) Screen adults and provide brief behavioral interventions for risky alcohol use

**Depression screening<sup>2</sup>**

(B) Screen adults with systems for evaluation and management

**Hypertension screening<sup>3</sup>**

(A) Screen adults; exclude white coat hypertension before starting therapy

**Obesity/weight loss screening<sup>4</sup>**

(B) Refer adults with obesity to intensive behavioral interventions for weight loss

**Tobacco use and cessation screening<sup>5</sup>**

(A) Screen all nonpregnant adults and provide behavior therapy and U.S. Food and Drug Administration–approved intervention therapy for cessation

(A) Screen all pregnant women and provide behavior therapy.

(I) IETRFOA electronic nicotine delivery systems for tobacco cessation

(I) Pharmacotherapy for tobacco cessation in pregnant persons

**Hepatitis C virus infection screening<sup>6</sup>**

(B) Screen adults 18 to 79 years of age

**HIV infection screening<sup>7</sup>**

(A) Screen individuals 15 to 65 years of age

(A) Screen older and younger persons who are at increased risk

**Hepatitis B virus infection screening<sup>8</sup>**

(B) Screen adolescents and adults at high risk

**Syphilis screening<sup>9</sup>**

(A) Screen individuals at increased risk

**Tuberculosis screening<sup>10</sup>**

(B) Screen individuals at increased risk

**BRCA-related cancer risk assessment/screening<sup>11</sup>**

(B) Use a familial risk assessment tool (evaluated assessment tools listed in full text) in women with either:

- Personal or family history of breast, ovarian, tubal, or peritoneal cancers
- Ashkenazi Jewish ancestry (i.e., ancestry with increased risk of BRCA mutation)

For positive risk tools, offer genetic counseling and genetic testing, if indicated.

(D) Recommend against screening for patients without appropriate family history, personal history, or ancestry

**Chlamydia and gonorrhea screening<sup>12</sup>**

(B) Screen sexually active women 24 years and younger, and women at increased risk who are 25 years and older

(I) IETRFOA screening sexually active men

**Intimate partner violence screening<sup>13</sup>**

(B) Screen women of childbearing age and refer to appropriate services

(I) IETRFOA screening all vulnerable and older adults for abuse or neglect

**Cervical cancer screening<sup>14</sup>**

(A) Screen women

- 21 to 29 years of age every three years with cytology alone
- Frequency of screening may increase to every five years for women 30 to 65 years of age with cytology and high-risk human papillomavirus cotesting or high-risk human papillomavirus testing alone

(D) Recommend against screening in women

- 20 years and younger
- Older than 65 years if adequately screened previously and no increased risk of cervical cancer
- With hysterectomy (including cervix) without history of cervical intraepithelial neoplasia grade 2 or 3 or cervical cancer
- Younger than 30 years with human papillomavirus testing alone or in combination with cytology

**Abnormal glucose and type 2 diabetes mellitus screening<sup>15</sup>**

(B) Screen adults 40 to 70 years of age who are overweight or obese and refer patients with abnormal glucose levels for intensive counseling for healthy diet and exercise

**Colorectal cancer screening<sup>16</sup>**

(A) Screen patients 50 to 75 years of age with fecal occult blood (or immunochemical) test, sigmoidoscopy, colonoscopy, computed tomography colonography, or multitargeted stool DNA test

(B) Screen patients 45 to 49 years of age with fecal occult blood (or immunochemical) test, sigmoidoscopy, colonoscopy, computed tomography colonography, or multitargeted stool DNA test

(C) Selectively offer screening to patients 76 to 85 years of age

**Breast cancer screening<sup>17</sup>**

(B) Biennial screening mammography in women 50 to 74 years of age

(C) Screening is an individualized decision for women 40 to 49 years of age

(I) IETRFOA

- Mammography after 75 years of age
- Screening with digital breast tomosynthesis
- Adjunctive screening in women with dense breast tissue and negative screening mammogram

**Lung cancer screening<sup>18</sup>**

(B) Screen annually with low-dose computed tomography for individuals 50 to 80 years of age with a 20-pack-year history who currently smoke or quit within the past 15 years; discontinue screening once a person has not smoked for 15 years or develops a health problem that limits life expectancy

**Osteoporosis screening<sup>19</sup>**

(B) Screen women 65 years and older

(B) Screen postmenopausal women if increased fracture risk shown with an osteoporosis risk tool (e.g., 8.4% in 10 years by U.S. FRAX tool)

(I) IETRFOA screening men

**Abdominal aortic aneurysm screening<sup>20</sup>**

(B) Screen men 65 to 75 years of age who ever smoked (100 or greater lifetime cigarettes) with one-time abdominal aortic aneurysm ultrasonography

(C) Recommend selective screening of men 65 to 75 years who have never smoked

*continues*

CHD = coronary heart disease; CVD = cardiovascular disease; FRAX = Fracture Risk Assessment; IETRFOA = insufficient evidence to recommend for or against; PrEP = preexposure prophylaxis; USPSTF = U.S. Preventive Services Task Force.

**Adult Preventive Health Care Schedule: Recommendations from the USPSTF** *(continued)*

**Grade A/B Recommendations (with Associated Grade C/D/I Recommendations):** *(continued)*

- (I) IETRFOA women 65 to 75 years of age who ever smoked
- (D) Recommend against routine screening in women 65 to 75 years of age who have never smoked

**Unhealthy Drug Use Screening**<sup>21</sup>

- (B) Screen all adults older than 18 years for unhealthy drug use (by asking questions, not biological specimens)

**HIV prevention with PrEP**<sup>22</sup>

- (A) Offer PrEP to persons at high risk of infection. See original text for considerations in patient selection

**Primary prevention of breast cancer**<sup>23</sup>

- (B) Consider medications (such as tamoxifen, raloxifene, or aromatase inhibitors) that reduce risk of breast cancer in women at increased risk though with low risk of adverse effects
- (D) Recommend against routine use if no increased risk

**Folic acid supplementation**<sup>24</sup>

- (A) 0.4 to 0.8 mg daily for women capable of conceiving

**Statins for primary prevention of CVD**<sup>25</sup>

- (B) Recommend low- to moderate-dose statin therapy in patients meeting all three criteria:
  - (1) 40 to 75 years of age
  - (2) Dyslipidemia, diabetes, hypertension, or smoker
  - (3) 10-year CVD risk of 10% or greater
- (C) Consider low- to moderate-dose statin therapy in appropriate candidates meeting the first two criteria but with a 10-year CVD risk of 7.5% to 10%
- (I) IETRFOA initiating statin therapy after 75 years of age for primary prevention

**Aspirin for primary prevention of CVD and colorectal cancer**<sup>26</sup>

- (B) Recommend low-dose aspirin for patients 50 to 59 years of age with a 10-year CVD risk of 10% or greater, appropriate bleeding risk, and life expectancy of at least 10 years
- (C) Recommend individualized decision-making for patients 60 to 69 years of age who meet the same criteria
- (I) IETRFOA low-dose aspirin for patients younger than 50 years or 70 years or older

**Fall prevention in community-dwelling older adults**<sup>27</sup>

- (B) Recommend exercise interventions for individuals 65 years and older at increased risk of falls
- (C) Recommend multifactorial interventions for appropriate individuals 65 years and older; see Clinical Considerations in original recommendation statement for patient selection
- (D) Recommend against vitamin D supplementation for fall prevention

**Counseling to prevent sexually transmitted infection**<sup>28</sup>

- (B) Recommend counseling to prevent sexually transmitted infection for adolescents and adults at increased risk

**Counseling to promote healthy diet and physical activity**<sup>29</sup>

- (B) Recommend that patients with other CVD risk factor(s) who are overweight or obese be offered or referred for intensive behavioral counseling

**Counseling for skin cancer prevention**<sup>30</sup>

- (B) Recommend counseling fair-skinned patients six months to 24 years of age about minimizing ultraviolet radiation
- (C) Recommend selectively counseling fair-skinned patients older than 24 years about minimizing exposure to ultraviolet radiation
- (I) IETRFOA counseling adults about skin self-examination

**Counseling to promote healthy weight gain in pregnancy**<sup>31</sup>

- (B) Offer behavioral counseling interventions to promote health weight gain and to prevent excessive weight gain to all pregnant women

**Grade C Recommendations:**

Physical activity and healthy diet counseling to reduce cardiovascular risk in adults without obesity or known CVD risk factors<sup>32</sup>  
 Prostate cancer screening with prostate-specific antigen testing in men 55 to 69 years of age after shared decision-making<sup>33</sup>

**Grade D Recommendations:**

Bacteriuria (asymptomatic) screening in nonpregnant adults<sup>34</sup>  
 Beta carotene or vitamin E supplementation for CVD or cancer risk reduction<sup>35</sup>  
 Carotid artery stenosis screening<sup>36</sup>  
 CVD screening with resting or exercise electrocardiography in low-risk patients<sup>37</sup>  
 Chronic obstructive pulmonary disease screening with spirometry<sup>38</sup>  
 Combined estrogen-progesterone for prevention of chronic conditions or estrogen for the same in patients with hysterectomy<sup>39</sup>  
 Genital herpes screening<sup>40</sup>  
 Ovarian cancer screening<sup>41</sup>  
 Pancreatic cancer screening<sup>42</sup>  
 Prostate cancer screening with prostate-specific antigen testing in men 70 years and older<sup>33</sup>  
 Testicular cancer screening<sup>43</sup>  
 Thyroid cancer screening<sup>44</sup>  
 Vitamin D ( $\leq 400$  IU) and calcium ( $\leq 1,000$  mg) supplementation daily for primary prevention of fracture in postmenopausal women<sup>45</sup>

**Grade I Statements:**

Atrial fibrillation screening with electrocardiography<sup>46</sup>  
 Bladder cancer screening<sup>47</sup>  
 Celiac disease screening<sup>48</sup>  
 CVD screening in patients with nontraditional risk factors<sup>49</sup>  
 CVD screening with resting or exercise electrocardiography in intermediate- to high-risk patients<sup>37</sup>  
 Chronic kidney disease screening<sup>50</sup>  
 Cognitive impairment screening in older adults<sup>51</sup>  
 Gynecologic condition screening with pelvic examination<sup>52</sup>  
 Hearing loss screening in older adults<sup>53</sup>  
 Illicit drug use screening<sup>54</sup>  
 Impaired visual acuity screening in older adults<sup>55</sup>  
 Multivitamin, single nutrient, or paired nutrients for CVD or cancer risk reduction (beta carotene and vitamin E, as above)<sup>35</sup>

*continues*

CHD = coronary heart disease; CVD = cardiovascular disease; FRAX = Fracture Risk Assessment; IETRFOA = insufficient evidence to recommend for or against; PrEP = preexposure prophylaxis; USPSTF = U.S. Preventive Services Task Force.



**Adult Preventive Health Care Schedule: Recommendations from the USPSTF** *(continued)*

Obstructive sleep apnea screening<sup>56</sup>  
 Oral cancer screening<sup>57</sup>  
 Peripheral artery disease and CVD risk screening with ankle-brachial index<sup>58</sup>  
 Primary open-angle glaucoma screening<sup>59</sup>  
 Primary prevention of fractures with vitamin D and calcium supplementation (alone or combined; dose unspecified) in men or premenopausal women, and in postmenopausal women with daily dosages > 400 IU of vitamin D and > 1,000 mg of calcium<sup>45</sup>

Skin cancer screening<sup>60</sup>  
 Suicide risk screening<sup>61</sup>  
 Thyroid dysfunction screening<sup>62</sup>  
 Vitamin D deficiency screening in community-dwelling nonpregnant adults<sup>63</sup>

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