

PERIODIC HEALTH EXAMINATION SCHEDULE

Age	21-30	31-40	41-50	51-65	66+
Updated Medical HX & Phy Exams	Every 1-2 years			Yearly	
Health Risk Assessment	Every 1-2 years			Yearly	Yearly with Social & Psych Function
Blood Pressure	Every 1-2 years			Yearly	
Cholesterol	If indicated by Family History	Male- every 4 years Female- if indicated	Every 4 years		If indicated
Breast Exam	Every 1-2 years			Yearly	
Pap Smear <small>(not after hysterectomy unless reason for hysterectomy was due to cancer)</small>	Yearly X 3, then every 2yrs (if negative)	Every 3 years (if negative the past 10 years)			If indicated
Mammography	None		Every 2 yrs if high risk or desired	Every 2 yrs thru 74 and later if desired	
Hearing	None				Every 5 years
Chlamydia	Every 1 – 2 years until age 25	If indicated for high risk behavior			
Colonoscopy	None		If indicated by Family History	Every 10 years (Alternative- Sigmoidoscopy every 5 years with annual stool for blood)	
Prostate Specific Antigen (PSA)	None		If indicated by Family History	Yearly if life expectancy >15 years	If indicated
Dexa Scan	None			Post menopausal with risk factors	Every 2 years
Self-Exam Teaching	Every 1-2 years			Yearly	

Immunizations

Tetanus/Diphtheria/ and/or Pertussis (Td or Tdap)	Td every 10 years (One time Tdap)				
Influenza	Yearly				
Pneumovax	If indicated				At age 65
Human Papilloma Virus (HPV4)	11-26 (Series of 3 doses)				
Shingles (Zostavax)				At age 60	