

PERIODIC HEALTH EXAMINATION SCHEDULE

Age	18-30	30-40	40-50	50-65	65+
Updated Medical HX & Phy Exams	Every 1-2 years			Yearly	
Health Risk	Every 1-2 years			Yearly	Yearly with Social & Psych Function
Blood Pressure	Every 1-2 years			Yearly	
Lipid Profile	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 for cervical)</small>	Yearly X 3, then every 1-2yrs (if	Every 1-2 years			If indicated
Mammography	None		Yearly		
Hearing	None				Every 5 years
Chlamydia	Every 1-2 yrs 'til age	If indicated for high risk behavior			
Colonoscopy	None		If indicated by Family	Every 10 years (Alternative- Sigmoidoscopy every 5 years with annual stool for blood)	
Prostate Specific Antigen (PSA)	None		If indicated by Family	Yearly if life expectancy	If indicated
Dexa Scan	None			Post menopausal with risk factors	Every 3 years
Self-Exam Teaching	Every 1-2 years			Yearly	
Immunizations					
Tetanus/Diphtheria/ Pertussis	Tdap every 10 years				Td every 10 yrs
Influenza	Yearly				Yearly
Pneumovax	If indicated				At age 65
Zoster				At age 60+	
Human Papilloma Virus (HPV4)	Female ages 9-26 (2nd dose at 2 mos, 3rd dose at 6 mos.)				