



Preventative Health Screening Recommendations ¹

Ohio Department of Developmental Disabilities

Procedure	19-29 Years	30-39 Years	40-49 Years	50-64 Years	65 +Years
Health Maintenance Visit • Height and weight measurement	<i>Annually</i> ²	<i>Annually</i>	<i>Annually</i>	<i>Annually</i>	<i>Annually</i>
Labs and Screenings					
Cancer Screening					
Breast Cancer: Mammography	Clinical breast exam and self-examine instruction as appropriate. Mammography not routine except for patients at high risk. Accurate and detailed history and family history will identify risk factors		Clinical breast exam and self-exam instruction as appropriate. Mammography every 1-2 years, at discretion of physician	Clinical breast exam and self-exam instruction as appropriate. Annual mammography.	Mammography annually through age 69 years. Age 70 years and older, annually at the discretion of the physician.
Cervical Cancer: Pap Smear	Every 1-3 years, at physician's discretion				May be omitted after age 65 if previous screenings were consistently normal.
Colorectal Cancer	Not routine except for patients at high risks			Fecal Occult Blood testing annually and sigmoidoscopy every 5 years OR colonoscopy every 10 years.	
Prostate Cancer	Not routine.		Not routine except for patients at high risk. Risk factors include: family history and African-American ancestry.	At physician discretion after discussion of the risks and benefits of available screening strategies (PSA, DRE).	
Skin Cancer	Periodic total cutaneous examinations targeting populations at high risk for malignant melanomas. Periodically at physician discretion.				
Other Recommended Screening					
Hypertension	<i>At least annually</i> ²	<i>Annually</i>	<i>Annually</i>	<i>Annually</i>	<i>Annually</i>
Cholesterol	Every five years or at physician discretion				At physician discretion
Diabetes (Type II)	<i>At least every 5 years until age 45</i> ² . Every 3 years after 45. Fasting plasma glucose screen for individuals at high risk. Risk factors include: family history of premature CHD, hypertension, diabetes mellitus, peripheral atherosclerosis or carotid artery disease, current cigarette smoking, or HDL > 35 mg/dl.				
Liver Function	Annually for Hepatitis B carriers. At physician discretion after consideration of risk factors including long-term prescription medication.				
Osteoporosis	Bone density screening when risk factors are present: Long-term polypharmacy, mobility impairments, hypothyroid and post-menopausal women. Periodicity of screening at physician discretion. Annually counsel about preventative measures including dietary calcium and vitamin D intake, weight-bearing exercise and smoking cessation.				Counsel elderly patients about specific measures to prevent falls.

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Ohio Department of Mental Retardation and Developmental Disabilities

Procedure	19-29 Years	30-39 Years	40-49 Years	50-64 Years	65 +Years
Infectious Disease Screening					
Chlamydia and STDs	For all sexually active males and females screen annually: < 25 years. > 25 years, screen annually if at risk.	Annually if at risk. Risk factors include inconsistent use of barrier contraceptives, new or multiple sex partners in last 3 months. A new partner since last test, a history of STD, infected with another STD, and partner has had other sexual partner(s).			
HIV	Periodic testing if at risk and testing of pregnant women at increased risk.				
Hepatitis B and C	Periodic testing if risk factors present.				
Tuberculosis	Tuberculin skin testing every 1-2 years when risk factors present. Risk factors include residents or employees of congregate settings, close contact with persons known to have TB.				
Sensory Screening					
Hearing Assessment ²	Screen annually. Re-evaluate if hearing problem is reported or a change in behavior is noted.				
Vision Assessment ²	Screen annually. Re-evaluate if vision problems are reported or change in behavior is noted.				
Eye Exam for Glaucoma	Every 3-5 years in high-risk patients. At least once in patients with no risk factors	Every 2-4 years			Every 1-2 years
Mental and Behavioral Health					
Depression ²	Screen annually for sleep, appetite disturbance, weight loss, general agitation				
Dementia ²	Monitor for problems performing daily activities	In persons with Down's syndrome, annual screening after age 40.			
Immunizations					
Influenza Vaccine	Annually	Annually	Annually	Annually	Annually
Pneumococcal Vaccine	Once				
Hepatitis B Vaccine	Once. Re-evaluate antibody status every 5 years.				
For Persons With Down's Syndrome (in addition to the above recommendations)					
Thyroid Function Test	Every 3 years (sensitive TSH)				
Cervical Spine X-ray to Rule Out Atlanto-Axial Instability	Obtain baseline as adult. Recommend repeat if symptomatic, or 30 years from baseline.				
Echocardiogram	Obtain baseline if no records of cardiac function are available.				
General Counseling and Guidance					
Prevention Counseling	Annually counsel regarding prevention of accidents related to falls, fire/burns, choking.				
Abuse or Neglect	Annually monitor for behavioral signs of abuse and neglect.				
Preconception Counseling	As appropriate, including genetic counseling, folic acid supplementation, discussion of parenting capability.				
Healthy Lifestyle	Annually counsel regarding diet/nutrition, incorporating regular physical activity into daily routines, substance abuse.				

¹ Adapted from Massachusetts Department of Mental Retardation Health Screening Recommendations.

² **Items that are indicated in Bold Italic are specific recommendation that reflect particular health concerns of the population.**

Annual Health Screening Recommendations Checklist¹
Ohio Department of Mental Retardation

Name: _____ Age: _____ Date of Birth: _____ Date: _____

This format is to assist individuals, families and other support providers to ensure that screening tests are appropriate to the individual are considered at the annual physical. Review BEFORE the annual health visit.

All Adults		Last date screen performed	Based on Current Age Should Discuss With Primary Health Provider	Was this discussed with my Health Care Provider	Any Recommendations
Height/Weight Measurement	Annually		<input type="checkbox"/>	<input type="checkbox"/>	
Clinical Breast/Testicular Exam	Annually		<input type="checkbox"/>	<input type="checkbox"/>	

Cancer Screening

Mammography (Women)	Every 1-2 years after age 40 at discretion of physician/patient. Earlier if family history. Annually after age 50.		<input type="checkbox"/>	<input type="checkbox"/>	
Pap Smear (Women)	For women with prior sexual activity, every 1-3 years after age 19. May be omitted after age 65, if previous screenings were consistently normal.		<input type="checkbox"/>	<input type="checkbox"/>	
Prostate Cancer Screen (Men)	Per MD recommendation after age 50.		<input type="checkbox"/>	<input type="checkbox"/>	
Skin Cancer Screen	Per MD recommendation.		<input type="checkbox"/>	<input type="checkbox"/>	

Colorectal Cancer Screening

Fecal Occult Blood Testing	Annually after age 50.		<input type="checkbox"/>	<input type="checkbox"/>	
Sigmoidoscopy	Every 5 years after age 50.		<input type="checkbox"/>	<input type="checkbox"/>	
Colonoscopy	Every 10 years after age 50, per MD recommendation or if above screen not performed.		<input type="checkbox"/>	<input type="checkbox"/>	

Other Recommended Screening

Hypertension	Annually		<input type="checkbox"/>	<input type="checkbox"/>	
Cholesterol	Every 5 years or at physician discretion.		<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes (Type II)	Fasting plasma glucose screen for people at high risk. At least every 5 years until age 45. Every 3 years after age 45.		<input type="checkbox"/>	<input type="checkbox"/>	
Liver Function	Test annually for Hepatitis B carriers.		<input type="checkbox"/>	<input type="checkbox"/>	
Osteoporosis	Bone density screening per risk factors of general population. Additional risk factors include medications, mobility impairment, hypothyroid.		<input type="checkbox"/>	<input type="checkbox"/>	

Infectious Disease Screening

Chlamydia and STD's	Annually, if at risk		<input type="checkbox"/>	<input type="checkbox"/>	
HIV	Periodic testing if at risk		<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B and C	Periodic testing if at risk		<input type="checkbox"/>	<input type="checkbox"/>	
Tuberculosis	Skin testing every 1-2 years for individuals at risk.		<input type="checkbox"/>	<input type="checkbox"/>	

Annual Health Screening Recommendations Checklist Ohio Department of Mental Retardation

Sensory Screening		Last date....	Based on Current Age...	Was This discussed....	Any Recommendations
Hearing Assessment	Screen annually. Re-evaluate if hearing problem reported or Change in behavior noted.		<input type="checkbox"/>	<input type="checkbox"/>	
Vision Assessment	Screen annually. Re-evaluate if vision problems or change in behavior noted.		<input type="checkbox"/>	<input type="checkbox"/>	
Glaucoma	Screen at least once before age 40. Screen every 3-5 years if risk factors present. Every 2-4 years after age 40.		<input type="checkbox"/>	<input type="checkbox"/>	

Mental and Behavioral Health

Depression	Screen annually for sleep, appetite disturbance, weight loss, General agitation.		<input type="checkbox"/>	<input type="checkbox"/>	
Dementia	Monitor for problems performing daily activities. In the persons With Down syndrome, annual screen after age 40.		<input type="checkbox"/>	<input type="checkbox"/>	

Immunizations (in addition to routine childhood immunizations)

Tetanus-Diphtheria Booster	Every 10 years		<input type="checkbox"/>	<input type="checkbox"/>	
Influenza Vaccine	Annually		<input type="checkbox"/>	<input type="checkbox"/>	
Pneumococcal	Once		<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B Vaccine	Once. Re-evaluate antibody status every 5 years.		<input type="checkbox"/>	<input type="checkbox"/>	

Down Syndrome (in addition to above recommendations)

Thyroid Function Test	Every 3 years (sensitive TSH)		<input type="checkbox"/>	<input type="checkbox"/>	
Cervical spine X-ray to rule out atlanto-axial instability	Obtain baseline as adult. Recommend repeat if symptomatic.		<input type="checkbox"/>	<input type="checkbox"/>	
Echocardiogram	Baseline, no records of cardiac function are available.		<input type="checkbox"/>	<input type="checkbox"/>	

General Counseling and Guidance

Preventative Counseling	Annually counsel regarding prevention of accidents Related to falls, fire/burns, choking.				
Abuse or Neglect	Monitor for behavioral signs of abuse and neglect.				
Healthy Lifestyle	Annually counsel regarding diet/nutrition, incorporating physical activity into daily routines, substance abuse.				
Preconception Counseling	As appropriate, including genetic counseling, folic acid supplementation, discussion of parenting capability.				

Other Screening To Be Considered At This Appointment (may include tests recommended by other clinicians that have not yet been performed):

¹Adapted from Massachusetts Department of MR Health Screening Recommendations