

# ADULT ROUTINE PREVENTIVE CARE RECOMMENDATIONS\*

Health Maintenance Visit	18–29 Years	30–39 Years	40–49 Years	50–64 Years	65+ Years
Including history; physical exam; preventive screenings and counseling; and administration of appropriate immunizations	Annually for ages 18 to 21. Every one to three years depending on risk factors for ages 22 to 49.			Annually	
<b>Cancer Screening</b>					
Breast Cancer	Starting at age 20, clinical breast exam and self-exam instruction. Mammography for patients at high risk.		Clinical breast exam and self-exam instruction. Annual mammography at clinician/patient discretion.	Clinical breast exam and self-exam instruction. Annual mammography.	Clinical breast exam and self-exam instruction. Annual mammography through age 69; age 70+ at clinician/patient discretion.
Cervical Cancer (Pap Test and Pelvic Exam)	Pelvic exam and Pap test every one to three years depending on risk factors. Initiate Pap test and pelvic exam at three years after first sexual intercourse or by age 21.				Every one to three years at clinician discretion.
Colorectal Cancer	Not routine except for patients at high risk			Colonoscopy at age 50 and then every 10 years, OR annual fecal occult blood test (FOBT) plus sigmoidoscopy every 5 years, OR double-contrast barium enema every 5 years, OR annual FOBT. Screening after age 80 at clinician/patient discretion.	
Testicular and Prostate Cancer (Men)	Clinical testicular exam and self-exam instruction. Prostate cancer screening not routine.		Digital rectal exam (DRE) for patients at high risk for prostate cancer. Discuss prostate-specific antigen (PSA) screening with patients at risk.	DRE exam. Offer PSA screening at physician/patient discretion.	
Skin Cancer	Periodic total skin exams every three years between ages 20 and 39 and annually after age 40. Frequency at clinician discretion depending on risk factors.				
<b>Other Recommended Screenings</b>					
Hypertension	At every acute/nonacute medical encounter and at least once every two years				
Cholesterol	Screen if not previously tested. Screen every 5 years with fasting lipoprotein profile (total, LDL and HDL cholesterol and triglycerides).				
Diabetes (Type 2)	Every three years beginning at age 45. More often and starting earlier for those with risk factors.				
Body Mass Index (BMI)	Screen for overweight, eating disorders, body image and dieting patterns.				
<b>Infectious Disease Screenings</b>					
Sexually Transmitted Diseases — Chlamydia, Gonorrhea, Syphilis and HPV (Women)	Chlamydia and gonorrhea: Sexually active patients under age 25. Annually for patients age 25 and older if at risk. Syphilis: Annually for at risk. HPV: For ages 26 and younger, if not previously vaccinated, counsel regarding HPV vaccine schedule.				
Human Immunodeficiency Virus (HIV)	Routine/annual testing of all patients at increased risk. Starting at age 13, CDC recommends universal screening.				
Hepatitis C	Periodic testing of all patients at high risk				
Tuberculosis (TB)	Tuberculin skin testing for all patients at high risk				

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Health Maintenance Visit	18–29 Years	30–39 Years	40–49 Years	50–64 Years	65+ Years
<b>Sensory Screening</b>					
Eye Exam for Glaucoma	At least once for patients with no risk factors. Every three to five years for patients at high risk		Every two to four years		Every one to two years
Hearing and Vision Assessment	Not routine			Discuss any hearing and vision impairment, and available treatment when appropriate	
<b>General Counseling</b>					
Periodic screening and counseling as appropriate regarding: depression/suicide, alcohol/substance abuse, tobacco, diet/nutrition, obesity and eating disorders, preconception counseling, physical activity, infectious diseases/STIs, safety/injury and violence prevention, family violence/abuse, skin cancer, menopause, osteoporosis and dementia/cognitive impairment.					
<b>Immunizations**</b>					
Tetanus, Diphtheria, Pertussis (Td/Tdap)	For adults not previously vaccinated with Td: one dose of Tdap, followed by two doses of Td. Td booster every 10 years. For adults who have not previously received a dose of Tdap, Tdap should replace a single dose of Td.				Three doses of Td if not previously immunized. Td booster every 10 years.
Measles-Mumps-Rubella (MMR)	One or more doses if born after 1956 and no documentation of vaccination and no laboratory evidence of immunity to MMR.			All health care workers should receive one dose. Additional doses based on risk factors and health history.	
Varicella (Chickenpox)	Two doses (4 to 8 weeks apart) if not previously immunized and no history of chickenpox or shingles, or if at high risk				
Influenza	One dose annually if at high risk, or if desired by patient			One dose annually	
Pneumococcal (Polysaccharide)	One dose if at high risk and not previously immunized. Revaccinate once after five years for persons with chronic renal or nephrotic syndrome; asplenia; sickle cell disease; or immunosuppressive disorders.				One dose after age 65, even if vaccinated before age 65.
Hepatitis B	Three doses if at high risk and not previously immunized				
Hepatitis A	Two doses if at high risk and not previously immunized				
Herpes zoster	Not routine			Single dose for all adults age 60 and older.	
Human papillomavirus (HPV) (Women)	Three doses for females ages 26 and younger	Not routine			
Meningococcal (Polysaccharide) MPSV4	Adults younger than age 56: MCV4 preferred, MPSV4 acceptable.			Adults older than age 55: MPSV4 is the only licensed product for this age group	
Meningococcal Conjugate MCV4	One dose for adults at elevated risk due to school-based, working, medical or travel conditions.				

\*Adapted from guidelines developed through Massachusetts Health Quality Partners, Inc. (MHQP). More information at [www.mhqp.org](http://www.mhqp.org).

\*\*Adapted from the U.S. Centers for Disease Control and Prevention 2009 Adult Immunization Guidelines. More information at [www.cdc.gov](http://www.cdc.gov).

*Note: Ask your clinician if you are at high risk for any of the conditions mentioned in these guidelines. This chart lists only routinely recommended vaccines; talk with your clinician about your risk for other diseases.*