ADULT HEALTH MAINTENANCE CHECKLIST

Name: _____ D.O.B. _____ Allergies/Reactions: _____

Age: _____ Sex: Male Female TB Risk: Y N

Advanced Directive:18 & older
Y N Date Discussed: Primary Language: Interpreter: Y N Interpreter Name:

Examination & Tests	Age Range	Frequency	DATE DONE	DATE DONE	DATE DONE
INITIAL HEALTH ASSESSMENT	21 yrs. and older	Within 120 days of effective date with Plan or effective date with the PCP**, including Dental**			
Health Risk **Assessment (**ACE**,** SDOH**, or** CHA-mini cog **)****	21yrs -64 yrs old (ACE or SDOH) CHA 65 years and older	Within 120 days of effective date with Plan or effective date with the PCP. Review yearly.			
IHEBA/"Staying Healthy"	21 yrs. and older	Not mandated but can be used for Sexually Transmitted Infection (STI), Alcohol, and Tobacco screening **ONLY**	Document on Staying Healthy Form.		
Well Check Visit	21 yrs. and older	Based on patient's risk factors and USPSTF guidelines (age appropriate frequency)			
Abdominal Aneurysm Screen	65 years-75 years old males	Screen one time for male smokers by Ultrasound per USPSTF guidelines			
Alcohol Misuse: Screen	21 years and older	Every Well Check Visit perform screening **(**TAPS**, etc.)**			
Breast Cancer Screening	40 years- 75 females	Every 1-2 years per USPSTF guidelines			
Cervical Cancer Screening	21 years-29 years old 30 years-65 years old	**21-29** years old Pap test alone every three years **30-65** years old choose from the following *Pap test and HPV test (co-testing every 5 years) *Pap test alone every three years *HPV test alone every five years			
Colon Cancer Screening	45 years-75 years old	Every 10 years for colonoscopy, 5 years for sigmoid, 3 years for Cologuard, or yearly fecal occult per USPSTF Guidelines			
Depression Screening**	21 years and older	Assess at each well visit with PHQ9			
Diabetic Screening and Comprehensive Care	40 years- 70 years old	Glucose test for overweight/obese clients per USPTF. If abnormal glucose, provide counseling or intervention			
Drug Use Screening/Behavioral Counseling**	21 and older	Every Well check visit **(**TAPS **etc..).** If positive refer for counseling and/or treatment			
Dyslipidemia Screening	40 years- 75 years old	Assess per USPSTF guidelines			
Folic Acid Supplementation	Capable of becoming pregnant (12-49 years old)	Per USPSTF guidelines-**Assess/Counseling/Document** at each well visit			
HEP B Screening	All Adults	Screen per USPSTF guidelines/each well visit, risk assessment			
HEP C Screening	21 years- 79 years old	Screen per USPTF guidelines /each well visit, risk assessment			
High Blood Pressure Screening	21 years and older	Assess with each well visit USPSTF			
HIV Screening	21 years-65 years old	**Risk assessment** at each well check visit			
Intimate Partner Violence**	21years-49 years old female	Screen with each visit per USPSTF guidelines with validated screener **(ex;** HITS**,** HARK**)**			
Lung Cancer Screening	50 years-80 years old	Annual low-dose (LDCT) for 20 pack-year smoking history and currently smoke or have quit within the last 15 years			
Obesity Screening	All Adults	Screen at each well check visit and **counsel/intervention/document** for **BMI over 30**			
Osteoporosis	Women 65 and older or postmenopausal women younger than 65 with risk	Screen per USPSTF guidelines at each well visit			
Sexually Transmitted Infection (STI) Screening/Counseling	Sexually active up to 25 years old or older if high risk or symptomatic	Screen with each well check visit. **Test for GC & Chlamydia from 21 up to 25, and older if high risk**. Document counseling on STI prevention and contraceptive use.			

Skin Cancer Screening	6 months- 24 years old (Young Adult/Parents of young children)	**Document counseling** per USPSTF guidelines/ each well check visit.			
Tobacco Use Counseling and Interventions	All Adults	Assess with each well check visit **(TAPS etc.)**			
TB Risk Assessment	All Adults	Assess on each well check visit			
Tetanus	All Adults	**Every 10 years** documented in CAIR/Immunization record or document refusal			
Influenza	All Adults	Assess annually or document refusal			
COVID-19	All Adults	Per CDC guidelines/Assess at each well visit or document refusal			
Pneumococcal	50 years and older	Per CDC guidelines/Assess at each well visit or document refusal			
Zoster	50 years and older	Per CDC guidelines/Assess at each well visit or document refusal			
Varicella and MMR	All Adults	Evidence of Immunity/Assess at each well visit (ex. titers, childhood acquired infection)			
Vaccine documentation and VIS	All Adults	Document vaccine admin information and VIS date in chart and CAIR			

** Must use Validated Screener**