



ADULT PREVENTIVE HEALTH STANDARDS*

These guidelines are minimal requirements for healthy adults with no known medical problems. It must be realized that MHS members in “high risk” categories or with specific medical problems may require more frequent physicals and evaluations. It is the responsibility of the treating physician to provide preventative health services.

Risk Evaluation & Counseling: alcohol/drug use, tobacco, nutrition, exercise, STD/HIV, breast self exam, testicles, unintended pregnancy, family history.

Safety & Violence: seat belts, firearms, child/spouse abuse.

Behavioral Assessment: suicide thoughts/threats, depression, anxiety, stress reduction/coping skills.

Age	18-24 yr.	25-29 yr.	30-34 yr.	35-39 yr.	40-44 yr.	45-49 yr.	50-54 yr.	55-59 yr.	60-64 yr.	65-69 yr.	70-74 yr.	75+ Exams
Physical Assessment	1-3	1-3	1-3	1-3	1-3	1-3	1-2	1-2	1-2	yearly	yearly	yearly
Blood Pressure (min)	1-3	1-3	1-3	1-3	1-3	1-3	yearly	yearly	yearly	yearly	yearly	yearly
Weight & Height (min)	1-3	1-3	1-3	1-3	1-3	1-3	yearly	yearly	yearly	yearly	yearly	yearly
Female: Breast Exam	yearly	yearly	yearly	yearly	yearly	yearly	yearly	yearly	yearly	yearly	yearly	yearly
Pap	1-3	1-3	1-3	1-3	1-3	1-3	1-3	1-3	1-3	1-3	1-3	1-3
Mammogram baseline by 40 years				Baseline	1-2	1-2	yearly	yearly	yearly	yearly		
Male: ***PSA							yearly	yearly	yearly	yearly	yearly	
Testicle Exam	yearly	yearly	yearly	yearly	yearly	yearly	yearly	yearly	yearly	yearly	yearly	yearly
Male & Female: Digital rectal					yearly	yearly	yearly	yearly	yearly	yearly	yearly	yearly
Occult Blood					yearly	yearly	yearly	yearly	yearly	yearly	yearly	yearly
Sigmoidoscopy							5 yr	5 yr	5 yr	5 yr	5 yr	5 yr
Hearing										yearly	yearly	yearly
**Vision										yearly	yearly	yearly
Cholesterol	1			5 yr	5 yr	5 yr	5 yr	5 yr	5 yr			

* *Clinical Preventive Services for Normal-Risk Adults: Recommended by the U.S. Preventive Services Task Force*, AHRQ, AP1P02-0022, rev. January 2004.
“Guide to Clinical Preventive Services” Second Edition – 1996.

** If IDDM or NIDDM referral for retinal screen, members between ages 10-29 should have screen 3-5 years post diagnosis, & yearly thereafter. Members 30 years and older screen at diagnosis & yearly after that.

*** PSA under the age of 50 is recommended based on medical necessity and risk factors.