


GENERAL POPULATION PREVENTIVE MEDICINE GUIDELINES

		TABLE 3: 25 TO 64 YEARS*
PERIODIC HEALTH EXAMINATION RECOMMENDATIONS		
SCREENING		
Blood pressure	Each visit	
Height & weight	Each visit	
Fasting lipoprotein profile	Every 5 years	
Blood glucose test	≥ Age 45 years, every 3 years	
Clinical testicular exam	Every 1-3 years under age 40 years, then annually.	
PSA test	Males, ≥ Age 50 years, annually	
Digital rectal exam	Males, ≥ Age 50 years, annually	
Fecal occult blood test	≥ Age 50 years, annually	
1) Sigmoidoscopy 2) Colonoscopy	1) ≥ Age 50 years, every 5 years 2) ≥ Age 50 years, every 10 years	
Clinical breast exam	Females ages 25-39 years - Every 3 years Females ages ≥ 40 years, annually	
Mammogram	Females ages 35-40 years - Initial exam Females ages 40-49 years - every 1-2 years Females ages ≥ 50 years, annually	
Papanicolaou (Pap) test	Females ages 25-29 years, annually ≥ Age 30 years, every 2-3 years in females who have had 3 consecutive, normal Pap tests	
Rubella serology or vaccination history	Women of childbearing age	
Assess for problem drinking		
IMMUNIZATIONS		
Influenza	≥ Age 50 years, annually	
Rubella	Females of childbearing age; Serologic testing, documented vaccination history, and routine vaccination against rubella (preferably with MMR) are equally acceptable alternatives.	
Tetanus-diphtheria toxoids (Td) and Tetanus, diphtheria and pertussis (Tdap)	Td booster every 10 years; substitute one dose of Tdap for Td if not previously vaccinated with Tdap.	
Varicella	All adults without evidence of immunity, 2 doses of single-antigen varicella vaccine 4-8 weeks after the first dose.	
Zoster	Age ≥ 60 years, single dose regardless of whether they report a prior episode of herpes zoster.	
CHEMOPROPHYLAXIS		
Aspirin	Men aged 45-64 (heart attack prevention) and women aged 55-64 (stroke prevention) when potential cardiovascular benefit outweighs potential harm.	
Discuss hormone prophylaxis	Peri- and post-menopausal women	
Multivitamin with folic acid	Females planning / capable of pregnancy	
COUNSELING		
Injury Prevention	Diet and Exercise	
Lap/shoulder safety belts	Adequate calcium intake for females	
Bicycle/motorcycle/ATV safety and helmet use	Regular physical activity	
Firearm Safety	Limit fat and cholesterol; maintain caloric balance: emphasize grains, fruits, vegetables	
Substance Abuse	Sexual Behavior	
Avoid alcohol misuse	STD prevention, avoid high risk behavior, condoms/female barrier	
Avoid illicit drug use		
Avoid tobacco use / tobacco cessation interventions	Dental Health	
Counsel parents who smoke regarding effects of passive	Regular visits to dental care provider	
	Floss, brush with fluoride toothpaste daily	

*Schedule: Every 1-3 years: The recommended schedule applies only to the periodic visit itself. The frequency of the individual preventive services listed in this table is left to clinical discretion, except as indicated.