

General Suggested Preventative Health Care Guidelines Checklist



Unde 20	<input type="checkbox"/> Flu Shot: Yearly <input type="checkbox"/> Alcohol Recommendation Counselling <input type="checkbox"/> Immunizations: As per childhood schedule <input type="checkbox"/> Blood Pressure: Every three years age ≥ 14 <input type="checkbox"/> STI and Safe Sex Practice Counselling / Screening	<input type="checkbox"/> Height & Weight (BMI): Every three years age ≥ 7 <input type="checkbox"/> Smoking / Recreational Drug Use Cessation Counselling <input type="checkbox"/> HPV Vaccination: Gardasil vaccine between 9-45 years of age <input type="checkbox"/> Pap test: Every three years age ≥ 21 or if sexually active until age 70 <input type="checkbox"/> Pertussis during each pregnancy between 27-35 weeks gestation
20's	<input type="checkbox"/> Flu Shot: Yearly <input type="checkbox"/> Alcohol Recommendation Counselling <input type="checkbox"/> Blood Pressure: Every three years age ≥ 14 <input type="checkbox"/> STI and Safe Sex Practice Counselling / Screening <input type="checkbox"/> Height & Weight (BMI): Every three years age ≥ 7	<input type="checkbox"/> Smoking / Recreational Drug Use Cessation Counselling <input type="checkbox"/> HPV Vaccination: Gardasil vaccine between 9-45 years of age <input type="checkbox"/> Pap test: Every three years age ≥ 21 or if sexually active until age 70 <input type="checkbox"/> Tetanus Booster: Every 10 years (1 dose in adulthood with Pertussis) <input type="checkbox"/> Pertussis during each pregnancy between 27-35 weeks gestation
30's	<input type="checkbox"/> Flu Shot: Yearly <input type="checkbox"/> Alcohol Recommendation Counselling <input type="checkbox"/> Blood Pressure: Every three years age ≥ 14 <input type="checkbox"/> STI and Safe Sex Practice Counselling / Screening <input type="checkbox"/> Height & Weight (BMI): Every three years age ≥ 7	<input type="checkbox"/> Smoking / Recreational Drug Use Cessation Counselling <input type="checkbox"/> HPV Vaccination: Gardasil vaccine between 9-45 years of age <input type="checkbox"/> Pap test: Every three years age ≥ 21 or if sexually active until age 70 <input type="checkbox"/> Tetanus Booster: Every 10 years (1 dose in adulthood with Pertussis) <input type="checkbox"/> Pertussis during each pregnancy between 27-35 weeks gestation
40's	<input type="checkbox"/> Flu Shot: Yearly <input type="checkbox"/> Hepatitis C screening <input type="checkbox"/> Cholesterol: Every three years <input type="checkbox"/> Alcohol Recommendation Counselling <input type="checkbox"/> Blood Pressure: Every three years age ≥ 14 <input type="checkbox"/> Fasting Blood Sugar/A1C: Every three years	<input type="checkbox"/> STI and Safe Sex Practice Counselling / Screening <input type="checkbox"/> Height & Weight (BMI): Every three years age ≥ 7 <input type="checkbox"/> Smoking / Recreational Drug Use Cessation Counselling <input type="checkbox"/> HPV Vaccination: Gardasil vaccine between 9-45 years of age <input type="checkbox"/> Pap test: Every three years age ≥ 21 or if sexually active until age 70 <input type="checkbox"/> Tetanus Booster: Every 10 years (1 dose in adulthood with Pertussis) <input type="checkbox"/> Pertussis during each pregnancy between 27-35 weeks gestation
50's	<input type="checkbox"/> Flu Shot: Yearly <input type="checkbox"/> Hepatitis C screening <input type="checkbox"/> Colonoscopy: Every 10 years <input type="checkbox"/> Cholesterol: Every three years <input type="checkbox"/> Alcohol Recommendation Counselling <input type="checkbox"/> Pneumovax and/or Prevnar 13 Vaccine <input type="checkbox"/> Shingles Vaccine: Once age 50 and over <input type="checkbox"/> Mammogram: Every 2 years until age 75	<input type="checkbox"/> Blood Pressure: Every three years age ≥ 14 <input type="checkbox"/> Fasting Blood Sugar/A1C: Every three years <input type="checkbox"/> STI and Safe Sex Practice Counselling / Screening <input type="checkbox"/> Height & Weight (BMI): Every three years age ≥ 7 <input type="checkbox"/> Fecal Occult Blood Test: Every 2 years until age 75 <input type="checkbox"/> Smoking / Recreational Drug Use Cessation Counselling <input type="checkbox"/> Pap test: Every three years age ≥ 21 or if sexually active until age 70 <input type="checkbox"/> Tetanus Booster: Every 10 years (1 dose in adulthood with Pertussis)
60's	<input type="checkbox"/> Flu Shot: Yearly <input type="checkbox"/> Hepatitis C screening <input type="checkbox"/> Colonoscopy: Every 10 years <input type="checkbox"/> Cholesterol: Every three years <input type="checkbox"/> Alcohol Recommendation Counselling <input type="checkbox"/> Pneumovax and/or Prevnar 13 Vaccine <input type="checkbox"/> Shingles Vaccine: Once age 50 and over <input type="checkbox"/> Mammogram: Every 2 years until age 75 <input type="checkbox"/> Blood Pressure: Every three years age ≥ 14	<input type="checkbox"/> Fasting Blood Sugar/A1C: Every three years <input type="checkbox"/> STI and Safe Sex Practice Counselling / Screening <input type="checkbox"/> Height & Weight (BMI): Every three years age ≥ 7 <input type="checkbox"/> Fecal Occult Blood Test: Every 2 years until age 75 <input type="checkbox"/> Smoking / Recreational Drug Use Cessation Counselling <input type="checkbox"/> Bone Mineral Density: once ≥ 65 then follow recommendations <input type="checkbox"/> Pap test: Every three years age ≥ 21 or if sexually active until age 70 <input type="checkbox"/> Tetanus Booster: Every 10 years (1 dose in adulthood with Pertussis)
70+	<input type="checkbox"/> Flu Shot: Yearly <input type="checkbox"/> Hepatitis C screening <input type="checkbox"/> Colonoscopy: Every 10 years <input type="checkbox"/> Cholesterol: Every three years <input type="checkbox"/> Alcohol Recommendation Counselling <input type="checkbox"/> Pneumovax and/or Prevnar 13 Vaccine <input type="checkbox"/> Shingles Vaccine: Once age 50 and over <input type="checkbox"/> Mammogram: Every 2 years until age 75	<input type="checkbox"/> Blood Pressure: Every three years age ≥ 14 <input type="checkbox"/> Fasting Blood Sugar/A1C: Every three years <input type="checkbox"/> STI and Safe Sex Practice Counselling / Screening <input type="checkbox"/> Height & Weight (BMI): Every three years age ≥ 7 <input type="checkbox"/> Fecal Occult Blood Test: Every 2 years until age 75 <input type="checkbox"/> Smoking / Recreational Drug Use Cessation Counselling <input type="checkbox"/> Bone Mineral Density: once ≥ 65 then follow recommendations <input type="checkbox"/> Tetanus Booster: Every 10 years (1 dose in adulthood with Pertussis)

WOMEN

General Suggested Preventative Health Care Guidelines Checklist



Unde 20	<input type="radio"/> Flu Shot: Yearly <input type="radio"/> Promote Testicular Cancer Screening <input type="radio"/> Alcohol Recommendation Counselling <input type="radio"/> Immunizations: As per childhood schedule <input type="radio"/> Blood Pressure: Every three years age ≥ 14	<input type="radio"/> STI and Safe Sex Practice Counselling / Screening <input type="radio"/> Height & Weight (BMI): Every three years age ≥ 7 <input type="radio"/> Smoking / Recreational Drug Use Cessation Counselling <input type="radio"/> HPV Vaccination: Gardasil vaccine between 9-26 years of age
20's	<input type="radio"/> Flu Shot: Yearly <input type="radio"/> Promote Testicular Cancer Screening <input type="radio"/> Alcohol Recommendation Counselling <input type="radio"/> Blood Pressure: Every three years age ≥ 14 <input type="radio"/> STI and Safe Sex Practice Counselling / Screening	<input type="radio"/> Height & Weight (BMI): Every three years age ≥ 7 <input type="radio"/> Smoking / Recreational Drug Use Cessation Counselling <input type="radio"/> HPV Vaccination: Gardasil vaccine between 9-26 years of age <input type="radio"/> Tetanus Booster: Every 10 years (1 dose in adulthood with Pertussis)
30's	<input type="radio"/> Flu Shot: Yearly <input type="radio"/> Promote Testicular Cancer Screening <input type="radio"/> Alcohol Recommendation Counselling <input type="radio"/> Blood Pressure: Every three years age ≥ 14	<input type="radio"/> STI and Safe Sex Practice Counselling / Screening <input type="radio"/> Height & Weight (BMI): Every three years age ≥ 7 <input type="radio"/> Smoking / Recreational Drug Use Cessation Counselling <input type="radio"/> Tetanus Booster: Every 10 years (1 dose in adulthood with Pertussis)
40's	<input type="radio"/> Flu Shot: Yearly <input type="radio"/> Hepatitis C screening <input type="radio"/> Cholesterol: Every three years <input type="radio"/> Alcohol Recommendation Counselling <input type="radio"/> Blood Pressure: Every three years age ≥ 14	<input type="radio"/> Fasting Blood Sugar/A1C: Every three years <input type="radio"/> STI and Safe Sex Practice Counselling / Screening <input type="radio"/> Height & Weight (BMI): Every three years age ≥ 7 <input type="radio"/> Smoking / Recreational Drug Use Cessation Counselling <input type="radio"/> Tetanus Booster: Every 10 years (1 dose in adulthood with Pertussis)
50's	<input type="radio"/> Flu Shot: Yearly <input type="radio"/> Hepatitis C screening <input type="radio"/> Colonoscopy: Every 10 years <input type="radio"/> Cholesterol: Every three years <input type="radio"/> Alcohol Recommendation Counselling <input type="radio"/> Pneumovax and/or Prevnar 13 Vaccine <input type="radio"/> Shingles Vaccine: Once age 50 and over <input type="radio"/> Blood Pressure: Every three years age ≥ 14	<input type="radio"/> Fasting Blood Sugar/A1C: Every three years <input type="radio"/> STI and Safe Sex Practice Counselling / Screening <input type="radio"/> Prostate Screening: Consult Health Care Provider <input type="radio"/> Height & Weight (BMI): Every three years age ≥ 7 <input type="radio"/> Fecal Occult Blood Test: Every 2 years until age 75 <input type="radio"/> Smoking / Recreational Drug Use Cessation Counselling <input type="radio"/> Tetanus Booster: Every 10 years (1 dose in adulthood with Pertussis)
60's	<input type="radio"/> Flu Shot: Yearly <input type="radio"/> Hepatitis C screening <input type="radio"/> Colonoscopy: Every 10 years <input type="radio"/> Cholesterol: Every three years <input type="radio"/> Alcohol Recommendation Counselling <input type="radio"/> Pneumovax and/or Prevnar 13 Vaccine <input type="radio"/> Shingles Vaccine: Once age 50 and over <input type="radio"/> Blood Pressure: Every three years age ≥ 14 <input type="radio"/> Fasting Blood Sugar/A1C: Every three years	<input type="radio"/> STI and Safe Sex Practice Counselling / Screening <input type="radio"/> Prostate Screening: Consult Health Care Provider <input type="radio"/> Height & Weight (BMI): Every three years age ≥ 7 <input type="radio"/> Fecal Occult Blood Test: Every 2 years until age 75 <input type="radio"/> Smoking / Recreational Drug Use Cessation Counselling <input type="radio"/> Bone Mineral Density: once ≥ 65 then follow recommendations <input type="radio"/> Tetanus Booster: Every 10 years (1 dose in adulthood with Pertussis)
70+	<input type="radio"/> Flu Shot: Yearly <input type="radio"/> Hepatitis C screening <input type="radio"/> Colonoscopy: Every 10 years <input type="radio"/> Cholesterol: Every three years <input type="radio"/> Alcohol Recommendation Counselling <input type="radio"/> Pneumovax and/or Prevnar 13 Vaccine <input type="radio"/> Shingles Vaccine: Once age 50 and over <input type="radio"/> Blood Pressure: Every three years age ≥ 14	<input type="radio"/> Fasting Blood Sugar/A1C: Every three years <input type="radio"/> STI and Safe Sex Practice Counselling / Screening <input type="radio"/> Prostate Screening: Consult Health Care Provider <input type="radio"/> Height & Weight (BMI): Every three years age ≥ 7 <input type="radio"/> Fecal Occult Blood Test: Every 2 years until age 75 <input type="radio"/> Smoking / Recreational Drug Use Cessation Counselling <input type="radio"/> Bone Mineral Density: once ≥ 65 then follow recommendations <input type="radio"/> Tetanus Booster: Every 10 years (1 dose in adulthood with Pertussis)
MEN		