



Turner

Your Well-Being Checklist

While an ounce of prevention may be worth a pound of cure, getting the **proper** preventive care for your unique situation is even better. So, use this checklist as a starting point with your primary caregiver – and be sure to discuss your personal and family health history so you get the best preventive care for **you**.



Step 1: Get an Annual Preventive Exam

An annual preventive exam is a comprehensive preventive medical evaluation – and it's one of the most important self-care steps you can take. It includes a review of your medical and family history, a complete physical exam, a review of your medications and immunizations, guidance/counseling on your health risk factors, and a review of your age and gender appropriate screening tests.

Make an Appointment

If you currently have a personal physician or primary caregiver, contact their office to set up your exam appointment.

Ask Your Physician About Additional Tests You May Need

Based on your health or family history, certain tests may need to happen more frequently for you. Ask your physician about screenings for prostate cancer, breast cancer, and colon cancer – and whether they are appropriate for you.

What's Included in an Annual Preventive Exam

Your physician will include these core tests, examinations, and lab work in your annual preventive exam:

- » Height, weight, and waist circumference measurement
- » Blood pressure measurement
- » Vision, hearing, and breathing screenings
- » Blood draw for cholesterol, triglycerides, blood glucose measurement, etc.
- » Urine sample for kidney function, bladder condition, metabolites, etc.
- » Hepatitis, HIV, and sexually transmitted infection screenings
- » Mental health, anxiety, stress, alcohol use, and tobacco use screenings
- » Diet, exercise, and sleep screenings
- » Skin cancer evaluation
- » Vaccine and immunization history review and recommendations
- » Wellness exam/well woman exam



Preventive Care and Follow-Up/Diagnostic Care Are Different

Sometimes, an annual wellness exam will reveal a situation or condition that needs additional testing, office visits, care, or treatment. This could include follow-up blood work to check cholesterol, blood glucose, or PSA levels, a visit to a dermatologist for a complete skin cancer screening, additional tests or scans, etc. These are all examples of “diagnostic care,” which includes care or treatment you receive once your physician has identified symptoms or risk factors. It’s critically important to follow through with all diagnostic care – as it can help save your life! While you may have a copay or other out-of-pocket expense, it’s more important to not delay or ignore necessary care so you can remain healthy.

Preventive care examples: Well woman visit, age-appropriate mammogram, colon cancer screening without symptoms

Diagnostic care examples: Dermatologist visit for a skin biopsy, colonoscopy due to symptoms you’re having



Step 2: Know Your Numbers – They Can Save Your Life

Metabolic Syndrome is a group of five risk factors that can dramatically increase your chances of developing serious health conditions like diabetes, heart disease, and cancer. If one (or more) of your numbers are in the unhealthy ranges listed here, talk with your physician about the best way to improve them:

1. **High blood pressure:** 130/85 mm Hg or higher
2. **Low HDL (good) cholesterol:** 50 mg/dL or less for women, 40 mg/dL or less for men
3. **LDL (bad) cholesterol:** 100 mg/dL or higher
4. **Total cholesterol:** 200 mg/dL or higher
5. **High triglycerides:** 150 mg/dL or higher
6. **High blood glucose (blood sugar):** 100 mg/dL or higher
7. **High waist circumference:** 35 inches or more for women, 40 or more inches for men



Step 3: Advocate for Yourself

Your physician should ask their fair share of questions during an exam visit, but it's important to be involved in your own health care. Here are 9 questions to give you an idea of what to ask your doctor:

1. Am I due for any vaccines?
2. I'm not getting enough sleep – should I be worried about anything?
3. Should I be screened for anything based on my list of medications and supplements or family history?
4. Does this mole look normal, and should I get a complete skin cancer screening?
5. What is my Prostate Specific Antigen (PSA) level, and are there any concerns with that level or change in level?
6. Are my feelings of anxiety/depression/sadness considered normal?
7. What's the best eating and/or exercise plan for me?
8. How can I improve my health on my own?
9. When should I schedule my next appointment?



Preventive Care Guidelines*

SCREENINGS	RANGE OF RECOMMENDED AGES											
	18	25	30	35	40	45	50	55	60	65	70	
SCREENINGS FOR EVERYONE												
Skin cancer screening	Total body skin examination annually, more often for those at a higher risk for skin cancer.											
Colorectal screening												Routine colorectal screening beginning at 45 years, but high-risk individuals should be screened earlier. Interval determined by screening method.
Tuberculosis screening	People who have spent time with someone who has TB disease, people from a country where TB disease is common, and people who live or work in high-risk settings.											
Sexually transmitted disease (gonorrhea, HIV, syphilis)	Routine screening for those who are sexually active.											
Tobacco/nicotine use	Routine screening and cessation counseling. Detection of potential health risks associated with tobacco/nicotine use.											
SCREENINGS FOR MEN												
Prostate screening												Black men and those with a family history of metastatic adenocarcinomas should consult with their physician.
												Other men should consult with their physician to determine their best course of action.
SCREENINGS FOR WOMEN												
Well woman visit	Women should have this annually, either as part of annual preventive exam or as a separate visit.											
BRCA-related screening	Women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations should be assessed for family risk, then possibly receive genetic counselling.											
Mammography												Women ages 40 to 49 with average risk should discuss the risks and benefits of screening once every two years with their physician. Starting at age 50, screening is recommended once every two years.
Cervical cancer screening	Every 3 years beginning at age 21 or at a frequency recommended by physician based on risk factors.											
Screenings during pregnancy: rubella, iron deficiency, urinary tract infection, Hepatitis B, blood type, HIV, syphilis, and RH(D) incompatibility	For pregnant women without prior screening, proof of immunization or immunity, or at increased risk.											
Osteoporosis screening												Postmenopausal women younger than 65 years at increased risk, all women age 65 years and older.

*These are general guidelines. However, you may need screenings, tests, and exams at different times and/or ages based on your family history or specific symptoms you may be experiencing.

IMMUNIZATIONS		RANGE OF RECOMMENDED AGES									
	18	25	30	35	40	45	50	55	60	65	70
CHILDREN AND ADULTS											
Covid-19 Vaccine	Recommended at age 5 and older.										
Human Papillomavirus vaccine	Recommended at age 11 or 12 and can be started at age 9. Recommended for everyone through age 26 if not vaccinated previously. Adults through age 45 may decide to get vaccination based on discussion with your physician.										
Tetanus-Diphtheria Pertussis (Tdap) vaccine	One dose of Tdap, then Tdap or Td booster every 10 years.										
Measles, Mumps, Rubella (MMR) vaccine	Once for all with lack of immunity. Adults born before 1957 are generally considered to be immune to measles and mumps so would not require vaccination. Those born after 1957 may need a second dose. Consult with your physician.										
Varicella (VZV) vaccine	Two doses if born in 1980 or later who have not received the vaccine and have not had chickenpox.										
Hepatitis B vaccine	Three doses for all persons at risk and pregnant women at first prenatal visit. Discuss with your physician.										
Hepatitis A vaccine	For all persons at risk. Discuss with your physician.										
Haemophilus influenzae type b (Hib) vaccine	For all persons at risk, such as those whose spleen is damaged or has been removed, including those with sickle cell disease, before spleen removal surgery, or after a bone marrow transplant.										
Influenza vaccine	Annually. Speak with your physician to learn if you are in a priority group. Immunization against several strains of flu is now done with a single vaccine.										
Meningococcal B vaccine	One or more doses and boosters depending on indication. Discuss with your physician.										
Respiratory syncytial virus (RSV)	To prevent severe RSV disease in infants, CDC recommends either maternal RSV vaccination or infant immunization with RSV monoclonal antibody is recommended. Most infants will not need both. Adults aged 60 years and older may receive a single dose of RSV vaccine using shared clinical decision-making.										
ADULTS ONLY											
Zoster (shingles) vaccine								Two doses of vaccine, separated by 2 to 6 months. Strong protection for at least 7 years after vaccination.			
Pneumococcal vaccine											PCV15 or PCV20.

Other Tests/Screenings You Can Expect

For up-to-the-minute information on the preventive care services that are covered at no cost to you under your medical plan, visit:

<https://www.uspreventiveservicestaskforce.org/uspstf/>