

# Suggested Screening Guidelines for Women\*

	Ages 18 – 34	Ages 35 – 49	Ages 50 – 64	Ages 65+	
<b>PHYSICAL EXAM</b>	<b>General Physical</b>	Every 1 to 2 years	Every year after age 40	Every year	
	<b>Blood Pressure Check</b>	As part of your routine physical exam, blood pressure will be checked for all age groups.			
	<b>Weight Management</b>	Ask your doctor to calculate your Body Mass Index (BMI) during your routine physical exam.			
<p><b>Use the screening guidelines below as a guide. Talk to your doctor or nurse practitioner about your health risks and life style choices. Together you will determine which tests you may need.</b></p>					
<b>BLOOD TESTS</b>	<b>Cholesterol</b>	Every 1 to 5 years depending on your first results	Every 1 to 5 years depending on your test results	Every 1 to 5 years depending on your test results	
	<b>Blood Sugar for Diabetes</b>	Ask about your risk	Ask about your risk	Every 1 to 3 years	
<b>CANCER SCREENINGS</b>	<b>Pelvic Exam</b>	May be part of physical exam every 1 to 2 years; If sexually active, screen for sexually transmitted diseases (STD)	May be part of physical exam every year after age 40	May be part of physical exam every year	
	<b>Pap Test for Cervical Cancer</b>	Every 1 to 2 years from age 21 <i>OR</i> within 3 years of becoming sexually active	Every 1 to 3 years, based on the type of test used and on your risk factors	Every 1 to 3 years, based on the type of test used and on your risk factors	
	<b>Colon Cancer</b>	Ask about your risk	Ask about your risk	Stool test for hidden blood every year or Sigmoidoscopy every 5 years or Colonoscopy every 10 years.	Stool test for hidden blood every year <i>OR</i> Sigmoidoscopy every 5 years <i>OR</i> Colonoscopy every 10 years.
	<b>Clinical Breast Exam</b>	May be part of the Physical Exam	As part of Physical Exam	As part of Physical Exam	As part of Physical Exam
	<b>Mammogram for Breast Cancer</b>	Ask about your risk	Every year, starting at age 40	Every Year	Every Year, After age 75, discuss options with your health care provider
	<b>Visual Check for Skin Cancer</b>	Check for changes of moles or lesions	Check for changes of moles or lesions	Check for changes of moles or lesions	Check for changes of moles or lesions
<b>OTHER</b>	<b>Bone Density Test</b>	Ask about your risk	Ask about your risk	Discuss your risk and prevention strategies every year	
	<b>Glaucoma Test</b>	Not usually needed	Every 3 years after age 40, if considered high risk for glaucoma	Every 3 years, if considered high risk for glaucoma	
	<b>Hearing Test</b>	Not usually needed	Not usually needed	Not usually needed	Review with health provider on a yearly basis
	<b>Mental Health Screening</b>	Ask about your risk	Ask about your risk	Ask about your risk	Ask about your risk
<b>VACCINES</b>	<b>Flu Vaccine</b>	Every year, if high risk	Every year, if high risk	Every year	
	<b>Pneumonia Vaccine</b>	Not usually needed	Usually not required, unless risk factors present	Usually not required, unless risk factors present	
	<b>Tetanus</b>	Once, then booster every 10 years	Booster every 10 years	Booster every 10 years	Booster every 10 years