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| ***Health Maintenance Recommendations*****Name: DOB:**  | ***Limitations/how often*** | ***Date you had it done last?*** |  ***When is test due?*** | ***Want us to schedule?*** |
| **Vaccines:**-Pneumococcal (pneumonia)-Influenza -Hepatitis B | -Two different pneumonia vaccines should be given a year apart. First one is PCV13, and a year later you should get PPSV23. -Yearly -For people with risk factors : End stage renal disease, Diabetes type 2, Men who have sex with men, Abusers of illicit injectable drugs, Patients with hemophilia who received Factor VIII or IX concentrates, Clients of institutions for the mentally disabled, Persons who live in the same house as a carrier of Hepatitis B virus |   |   |   |
| **Mammogram** | Recommended very 2 years (covered annually for women 40+) |   |   |   |
| **Pap and Pelvic exam** | -Pap every 3-5 years (covered annually if high risk)-Pelvic exam annually |   |   |   |
| **Prostate Cancer Screening** | Discussion of risks and benefits needed before ordering lab test (PSA).  |   |   |   |
| **Colorectal Cancer Screening:**-Fecal Immuno-chemical test (FIT) -Flexible Sigmoidoscopy -Screening Colonoscopy | Exempt from Part B deductible-Yearly -Every 4 years -Every 10 years |   |   |   |
| **Diabetes self-management training** | Requires referral by treating physician for patient with diabetes or renal disease. |   |   |   |
| **Bone mass measurements** | Requires diagnosis related to osteoporosis or estrogen deficiency (menopause). Screening once over age 65.  |   |   |   |
| **Eye exam** | Every 2 years |   |   |   |
| **Medical Nutrition Therapy for diabetes or chronic kidney disease** | Requires referral by treating physician for patients with diabetes or renal disease.  |   |   |   |
| **Cardiovascular screening blood tests** | Fasting lipid panel (Once every 5 years without diagnosis) |   |   |   |
| **Diabetes screening tests (fasting blood sugar or glucose tolerance test): A1c not covered** | Once/yr without diagnosis or up to every 3 months for patients diagnosed with one of the following: - Hypertension - Dyslipidemia - Obesity (BMI >30)- Previous ID of elevated impaired fasting blood sugar or glucose tolerance test or any two of the following: -Overweight (BMI >30) -History of gestational-Age 65 or older diabetes or birth to baby-Family history of diabetes weighing more than 9 lbs.  |   |   |   |
| **Abdominal Aortic Aneurysm Screening** | Patient must not have had a screening for abdominal aortic aneurysm before under Medicare. Limited to patients who meet one of the following criteria:-Men who are 65-75 years old and have smoked more than 100 cigarettes in their lifetime. -Anyone with a family history of abdominal aortic aneurysm-Anyone recommended for screening by the U.S. Preventive Services Task Force. |   |   |   |
| **Lung Cancer Screening Counseling and Annual Screening for Lung Cancer with low dose chest CT**  | Covered annually for ages 55-77 with: -no symptoms of lung cancer-smoking history of at least 30 pack-years (1 pack-year= 1 pack per day x 1 year; 1 pack= 20cigs)- current smoker or one who has quit in the past 15 years. Must receive counseling before the first lung cancer LDCT screening. In subsequent years, patient must receive a written order given during a visit with a physician/PA/ARNP. Deductible waived, copay/coinsurance waived.  |  |  |  |