



Health Screening Checklist (Female)

| Age 18 and Older _____ | Frequency | Complete | Date/Notes |
|-------------------------------------|---|--------------------------|-------------------|
| Complete Physical Exam (Skin Check) | Yearly | <input type="checkbox"/> | |
| Dental Exam | At least once a year | <input type="checkbox"/> | |
| Eye Exam | At least every 2 years (Diabetic's 1x/year) | <input type="checkbox"/> | |
| Infectious Disease Screening | As needed depending on lifestyle | <input type="checkbox"/> | |
| Immunizations | As needed/recommended | <input type="checkbox"/> | |
| Blood Pressure Check | At least every 2 years | <input type="checkbox"/> | |
| Cholesterol Screening | At least once every 5 years | <input type="checkbox"/> | |
| Diabetes Screening | As recommended by provider | <input type="checkbox"/> | |
| Breast Exam (performed by provider) | Every 1-3 years | <input type="checkbox"/> | |
| Cervical Cancer Testing | As recommended by provider | <input type="checkbox"/> | |
| Age 40 and Older _____ | | | |
| Mammogram | As recommended by provider | <input type="checkbox"/> | |
| Lung Cancer Screening | As recommended by provider | <input type="checkbox"/> | |
| Osteoporosis Screening | As recommended by provider | <input type="checkbox"/> | |
| Colon Cancer Screening | At least once, then based on initial test results | <input type="checkbox"/> | |
| Age 65 and Older _____ | | | |
| Abdominal Aortic Aneurysm Screening | As recommended by provider | <input type="checkbox"/> | |
| Hearing Test | As needed | <input type="checkbox"/> | |