

## ORLANDO HEALTH®

At Orlando Health, we are your partner in maintaining optimal health. We offer a comprehensive network of gynecologic services for women at every age and stage of life.

Preventive health screenings are the best way to detect health problems in their earliest stages — when they're most treatable. Immunizations also help protect you from various diseases. The following are general guidelines for healthy women. Your doctor may recommend other tests or vaccines based on your health and risk factors.

\* Please note that these are just guidelines; individual recommendations may vary based on health risks, family history or if clinically indicated.

| Screening                              | Starting Age or Range             | Frequency                                                       |
|----------------------------------------|-----------------------------------|-----------------------------------------------------------------|
| General Health                         |                                   |                                                                 |
| Annual checkup                         | All ages                          | Yearly                                                          |
| Thyroid-stimulating hormone (TSH) test | Any age if clinically applicable  | Discuss with your doctor or nurse                               |
| Bone Health                            |                                   |                                                                 |
| Bone density test                      | 18-59                             | Dependent on risk factors                                       |
|                                        | 65                                | Yearly                                                          |
| Breast Health                          |                                   |                                                                 |
| Breast self-exam                       | 18                                | Monthly or as advised by your doctor (optional)                 |
| Clinical breast exam                   | 20                                | Every 3 years                                                   |
|                                        | 40                                | Every year                                                      |
| Mammogram                              | 40-75                             | Every year                                                      |
| Colorectal Health                      |                                   |                                                                 |
| Flexible sigmoidoscopy                 | 50                                | Every 5 years (if not having a colonoscopy)                     |
| Colonoscopy                            | 50                                | Every 10 years                                                  |
| Double-contrast barium enema           | 50                                | Every 5-10 years (if not having a colonoscopy or signoidoscopy) |
| CT colonography (virtual colonoscopy)  | 50                                | Every 5 years                                                   |
| Fecal occult blood test                | 50                                | Yearly                                                          |
| Rectal exam                            | Discuss with your doctor or nurse |                                                                 |
| Diabetes                               |                                   |                                                                 |
| Blood sugar test                       | 45                                | Every 3 years                                                   |
| Eye and Ear Health                     |                                   |                                                                 |
| Eye exam                               | 20-29                             | At least once                                                   |
|                                        | 30-39                             | At least twice                                                  |
|                                        | 40                                | Baseline eye disease screening; follow-ups as recommended       |
|                                        | 65                                | Every 1-2 years, plus glaucoma testing                          |
| Hearing test                           | 18                                | Yearly                                                          |

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| Screening                                | Starting Age or Range                                   | Frequency                                                                                                                                                                  |
|------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Heart Health                             |                                                         |                                                                                                                                                                            |
| Blood pressure test                      | 18                                                      | At least every 2 years                                                                                                                                                     |
|                                          | 40                                                      | Every year                                                                                                                                                                 |
| Cholesterol test                         | 20                                                      | At least every 5 years                                                                                                                                                     |
| Mental Health                            |                                                         |                                                                                                                                                                            |
| Mental health screening                  | Any age                                                 | If you have felt "down," sad or hopeless, and have little interest or pleasure in doing things for two weeks straight, talk to your doctor about screening for depression. |
| Reproductive Health                      |                                                         |                                                                                                                                                                            |
| Pap test                                 | 21                                                      | Every 3 years, or as directed by your physician                                                                                                                            |
| Pelvic exam                              | 21                                                      | Yearly                                                                                                                                                                     |
| Sexually transmitted disease (STD) tests | When sexually active with history of high-risk behavior | One-time screening                                                                                                                                                         |
| Skin Health                              |                                                         |                                                                                                                                                                            |
| Mole exam                                | 20-39                                                   | Monthly mole self-exam, by a doctor every 3 years                                                                                                                          |
|                                          | 40                                                      | Monthly mole self-exam, by a doctor every year                                                                                                                             |
| Immunizations                            |                                                         |                                                                                                                                                                            |
| Flu vaccine                              | 6 months                                                | Every year                                                                                                                                                                 |
| Human papillomavirus (HPV) vaccine       | Between the ages of 11 and 26                           | One time                                                                                                                                                                   |
| Tetanus-diphtheria booster vaccine       |                                                         | Every 10 years                                                                                                                                                             |
| Pneumonia vaccine                        | 65                                                      | At least once                                                                                                                                                              |





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