

## **Preventive Services Education Sheet**

The promotion of healthy lifestyles and the early identification of potential health risks will benefit you and are important to us. In accordance with the current United States Preventive Services Task Force (USPSTF) guidelines, we have put together the following information for your guidance. Please read this preventive education sheet and feel free to discuss any of the topics with your physician. Only **you** can take appropriate actions to maintain your health and well-being.

### **1. Lifestyle Changes:**

- ***Diet and Exercise***

A healthy diet and regular exercise are the most effective ways to maintain good health, longevity and increase your quality of life. Choose a diet low in saturated fat, cholesterol, sugar and salt; eat plenty of vegetables, fruits, grains which provide vitamins, minerals and fibers, lean meats, pastas, etc. Twenty to thirty minutes of exercise, three or more times a week (i.e., walking, swimming, etc.) will keep your heart and bones healthy.

- ***Substance Abuse***

Use of tobacco is known to cause heart disease, strokes and lung cancer. Excessive alcohol intake is associated with many illnesses, including cancer, liver disease and impaired judgment (as in driving). Illicit drug use has many risks such as AIDS, hepatitis, heart problems, and mental and social disorders.

- ***Sexual Behavior***

Certain sexual practices (i.e., promiscuity, unprotected sex) can expose you to potentially fatal diseases such as AIDS, STDs (sexually transmitted diseases) and other common infections.

- ***Excessive Sun Exposure***

Causes skin cancer; always wear sunscreen when exposed to the sun. The higher the SPF (sun protection factor) you use, the higher the protection level against the ultraviolet rays.

- ***Injury Prevention***

Take advantage of the many safety products that are important in preventing serious injury. These include seat belts, bicycle helmets and other protective gear, safe work habits (lifting, bending, etc.), smoke detectors, firearm safety, water safety practices for adults and children, CPR training for household members, etc., poison prevention.

- ***Dental Health***

Brush and floss regularly; see your dentist for routine visits ever six months.

(Over)

**2. Physical Examination – Preventive Measures  
(may vary according to age and specified needs):**

***Birth – 6 years:***

- Newborn: hemoglobin, PKU, thyroid screening
- Childhood immunizations: check with your pediatrician
- Well child checkup

***6 years – 18 years:***

- Immunizations (booster shots, TDAP 11-18 years)
- Well child and adolescent checkups (safe sexual practices, injury prevention, i.e., seat belts, bicycle helmets, substance abuse, smoking, etc.)

***19 years – 39 years:***

- Routine physicals every five years to include pap smears, blood pressure, testicular exam, cholesterol screening (if appropriate)
- Adoption of healthy lifestyle practices (i.e., diet, exercise, smoking cessations, etc.)
- Immunization boosters (tetanus, diphtheria/pertussis every 10 years)

***40 years – 64 years:***

- Routine physicals every three years include mammograms, sigmoidoscopy, blood pressure, cholesterol screening, estrogen replacement therapy for post menopausal women, prostate exams, testicular exams, stool tests for occult blood and self breast exam instructions.
- Adult immunizations (tetanus, diphtheria/pertussis DTAP boosters every 10 years)

***65+ years:***

- Routine physicals every one-two years to include as above (40 years – 64 years) as well as influenza vaccine every year, pneumovax once in a lifetime and tetanus diphtheria booster every 10 years.

**3. Advance Directives:**

A document called a Living Will advises your family and physicians of your desires should you become incapacitated and unable to make decisions regarding your healthcare.

Have you prepared a living will?    YES\_\_\_\_\_                      NO\_\_\_\_\_

The foregoing recommendations are for healthy individuals without symptoms of illness. Special conditions may change the frequency and type of tests you desire.

Please sign below to acknowledge that you have read and understand this information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date