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passport  
TO  
good  
health

**YOUR PERSONAL HEALTH & PREVENTIVE  
SCREENINGS RECORD**

# THIS RECORD BELONGS TO

## You're Worth the Time

Getting recommended preventive health screenings can do as much for your overall health as any other health-related behavior.

Use this record to keep track of personal health information and the results of your screening tests.



PRODUCED BY HEALTHYWOMEN.ORG  
AND THE AMERICAN ACADEMY  
OF NURSE PRACTITIONERS (AANP).

NAME	
ADDRESS	
PHONE	CELL PHONE
DATE OF BIRTH	BLOOD TYPE
ALLERGIES/HEALTH CONDITIONS	
EMERGENCY CONTACT	
HEALTH INSURANCE COMPANY	
HEALTH INSURANCE GROUP #	HEALTH INSURANCE ID #

PRIMARY CARE PROVIDER



SPECIALIST



PHARMACY



HOSPITAL PREFERENCE

ADDRESS

## HEALTH SCREENING SCHEDULE

This schedule is a suggested timeline for routine health screenings. Speak to your health care provider for guidance. More frequent screenings might be recommended depending on your personal health history.

EXAMINATION/TEST	AGE	FREQUENCY
Blood pressure reading	21 +	Every 1-2 years
Bone mineral density	65 +	Periodically
Breast examination by health care provider	20-39	Every 3 years
	40 +	Every year
Breast self-examination	20 +	Periodically
Chlamydia test	From start of sexual activity to age 25	Yearly
	26 +	Retest if you have new or multiple sexual partners
Cholesterol screening (fasting lipoprotein test)	20 +	Every 5 years
Colonoscopy (other test options available)	50 +	Every 10 years
Dental checkup and cleaning	All	Twice a year
Diabetes (fasting plasma glucose test; also called blood glucose test)	45 +	Every 3 years
Digital rectal exam	50 +	Every 5-10 years with each colon screening
Fecal occult blood test (other test options available)	50 +	Annually
Hearing test	All	If needed
Human papillomavirus (HPV) test	30 +	Every 2-3 years, along with Pap test
Mammogram	40 +	Every 1-2 years
Pap test and pelvic exam	21-30	Every 2 years
	30 +	Every 2-3 years, if results are normal on 3 tests in a row
	65 +	Pap tests no longer needed if 3 prior tests over 10 years are normal
Physical examination	All	Every 2-3 years
Sexually transmitted disease screening for HIV and other STDs	All sexually active women and their partners	Before sexual activity with a new partner
Skin examination by health care provider	20-39	Every 3 years
	40 +	Annually
Skin self-examination	18 +	Periodically
Thyroid test	35 +	Every 5 years
Vision test	20-29	At least once
	30-39	At least 2 exams
	40 +	Baseline exam at 40, with follow-ups as recommended
	65 +	Every 1-2 years

## PREVENTIVE HEALTH SCREENINGS AT A GLANCE

*Use this list to help you better understand specific preventive health screening terms.*

**BLOOD PRESSURE READING:** Identifies blood pressure rates; higher than normal readings could mean an increased risk of heart disease and stroke.

**BONE MINERAL DENSITY TEST:** Identifies low bone mass or weak bone structure, risks for osteoporosis, a condition that weakens bones making them brittle and more likely to fracture.

**CHLAMYDIA TEST:** Identifies chlamydia, a sexually transmitted disease, allowing early treatment and reducing spread of the disease.

**CLINICAL BREAST EXAMINATION:** A visual and physical examination of your breasts for abnormalities by a health care professional.

**COLONOSCOPY:** Identifies (and removes) precancerous polyps or early cancers from the colon.

**DIGITAL RECTAL EXAM:** Helps find early signs of colon cancer in the anal canal and lower rectum. Because of its limitations, it is not recommended as the only test for colorectal cancer.

**DIAGNOSTIC TEST:** If a screening test is positive, diagnostic testing is done to positively identify the health concern. Biopsy, magnetic resonance imaging and ultrasound are some examples.

**FASTING LIPOPROTEIN TEST:** Identifies HDL- and LDL-cholesterol and triglyceride levels in your blood; abnormal ranges increase your risk for heart disease and stroke.

**FASTING PLASMA GLUCOSE TEST:** Identifies blood sugar levels; higher than normal ranges could mean an increased risk for diabetes.

**FECAL OCCULT BLOOD TEST:** Tests for blood in the stool; provides early warning about colon cancer, but not as specific as colonoscopy for identifying cancer or precancer.

**HUMAN PAPILLOMAVIRUS (HPV) TEST:** Screens for the human papillomavirus. Helps identify women at risk for developing cervical cancer. Recommended with the Pap test for women 30 and older and women with abnormal Pap results.

**MAMMOGRAM:** This x-ray exam of the breast is used to detect and evaluate breast abnormalities, most often in women who don't have any breast symptoms, but also in women who do.

**PAP TEST:** Evaluates a cell sample from your cervix for abnormalities that could indicate pre- or early cervical cancer.

**PELVIC EXAM:** An external and internal examination of your pelvic organs.

**SCREENING TEST:** Looks for or "screens" for medical conditions before any symptoms are visible.

**SEXUALLY TRANSMITTED DISEASE (STD) SCREENING:** Helps prevent spread of HIV and other STDs, many of which can only be detected through testing.

**THYROID TEST:** Identifies over- or underactive thyroid conditions, both of which are treatable, but which can lead to more serious conditions when left untreated.

**VISION SCREENING:** Identifies potential vision problems, including symptoms of macular degeneration, glaucoma and eye disorders.

## HEART HEALTH AT A GLANCE

Blood pressure and cholesterol screenings are among the most common screenings. Here's a quick look at what your results could mean.

TEST	RANGE	WHAT IT MEANS
Total cholesterol	Less than 200 mg/dL	Ideal
	Between 200 and 239	Borderline high
	240 and above	High
LDL ("bad") cholesterol	Below 100 mg/dL	Optimal
	Between 100 and 129	Near optimal/above optimal
	130-159	Borderline high
	160-189	High
HDL ("good") cholesterol	190 and above	Very high
	60mg/dL or more	Ideal; helps lower your risk of heart disease
	50 to 60 mg/dL for women; 40 to 50 for men	Average
	Less than 50 mg/dL for women; less than 40 for men	Low; a major heart risk
Triglycerides	149 or lower	Normal risk of coronary artery disease (CAD)
	150 to 199	Borderline high risk of CAD
	200 to 499	High risk of CAD
	500 or above	Very high risk of CAD
Blood pressure	Less than 120/80 mm Hg	Normal blood pressure
	Between 120/80 and 139/89 mm Hg	Prehypertension; twice the risk of hypertension
	140/90 to 159/99 mm Hg	Stage 1 hypertension
	160/100 mm Hg or higher	Stage 2 hypertension

SOURCE: AMERICAN HEART ASSOCIATION

## VACCINATION SCHEDULE & TEST RESULTS

This vaccination schedule is a suggested timeline for vaccinations. Speak to your health care provider for guidance.

VACCINATION	AGE	FREQUENCY
Flu	All (6 months and older)	Every year
Hepatitis A	Anyone at risk or who wants protection from hepatitis A	2 doses, 6-18 months apart
Hepatitis B	Anyone 18 and under or adults at risk or who want protection from hepatitis B	3 doses at 0, 1 and 6 months
Herpes zoster	60+	Once only
Human papillomavirus (HPV)	11-12; or 13-26, if not vaccinated previously	3 doses at 0-, 2-, 6-month intervals; no booster necessary
Meningococcal (meningitis)	College freshmen, military recruits and other at-risk people	Once only
Pneumonia	65+	Once only
Tetanus, diphtheria, pertussis (Td/Tdap)	19+	Booster every 10 years
Varicella (chickenpox)	19+	2 doses at 0- and 4- to 8-week intervals, if you've never had chickenpox.

### WHAT'S NORMAL?

When you have a health screening test, be sure to ask your health care professional to help you understand the results. If test results aren't immediate, ask:

- When and how will I get the results (by phone, mail, e-mail, next appointment)?
- Whom can I call to get my results or to explain them to me?
- What happens next?

## MY HEALTH SCREENINGS AT A GLANCE

DATE	BLOOD PRESSURE	CHOLESTEROL LEVEL	OTHER
NOTES			

DATE	BLOOD PRESSURE	CHOLESTEROL LEVEL	OTHER
NOTES			

DATE	BLOOD PRESSURE	CHOLESTEROL LEVEL	OTHER
NOTES			

DATE	BLOOD PRESSURE	CHOLESTEROL LEVEL	OTHER
NOTES			

DATE	BLOOD PRESSURE	CHOLESTEROL LEVEL	OTHER
NOTES			

DATE	BLOOD PRESSURE	CHOLESTEROL LEVEL	OTHER
NOTES			

## HEALTH CARE PROVIDERS

PRIMARY CARE



DENTISTRY



DERMATOLOGY



SPECIALIST



SPECIALIST



SPECIALIST



SPECIALIST



SPECIALIST



SPECIALIST



SPECIALIST



HOSPITAL



## HEALTH SCREENINGS

### BONE MINERAL DENSITY TEST

DATE	DATE	DATE	DATE	DATE	DATE
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### CLINICAL BREAST EXAM

DATE	DATE	DATE	DATE	DATE	DATE
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### COLON CANCER SCREENING

DATE	DATE	DATE	DATE	DATE	DATE
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### DENTAL CHECKUP

DATE	DATE	DATE	DATE	DATE	DATE
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### HEARING TEST

DATE	DATE	DATE	DATE	DATE	DATE
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### GLAUCOMA/MACULAR DEGENERATION SCREENING

DATE	DATE	DATE	DATE	DATE	DATE
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### MAMMOGRAM

DATE	DATE	DATE	DATE	DATE	DATE
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### PAP TEST

DATE	DATE	DATE	DATE	DATE	DATE
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### PELVIC EXAM

DATE	DATE	DATE	DATE	DATE	DATE
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### SKIN EXAM

DATE	DATE	DATE	DATE	DATE	DATE
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### VISION EXAM

DATE	DATE	DATE	DATE	DATE	DATE
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### OTHER

DATE	DATE	DATE	DATE	DATE	DATE
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### OTHER

DATE	DATE	DATE	DATE	DATE	DATE
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## HEALTH SCREENINGS

### BONE MINERAL DENSITY TEST

DATE	DATE	DATE	DATE	DATE	DATE
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### CLINICAL BREAST EXAM

DATE	DATE	DATE	DATE	DATE	DATE
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### COLON CANCER SCREENING

DATE	DATE	DATE	DATE	DATE	DATE
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### DENTAL CHECKUP

DATE	DATE	DATE	DATE	DATE	DATE
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### HEARING TEST

DATE	DATE	DATE	DATE	DATE	DATE
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### GLAUCOMA/MACULAR DEGENERATION SCREENING

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### MAMMOGRAM

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### PAP TEST

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### PELVIC EXAM

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### SKIN EXAM

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### VISION EXAM

DATE	DATE	DATE	DATE	DATE	DATE
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### OTHER

DATE	DATE	DATE	DATE	DATE	DATE
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### OTHER

DATE	DATE	DATE	DATE	DATE	DATE
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## MEDICATION RECORD

MEDICATION	DATE	STRENGTH	FREQUENCY
PROVIDER	CONDITION		SIDE EFFECT

MEDICATION	DATE	STRENGTH	FREQUENCY
PROVIDER	CONDITION		SIDE EFFECT

MEDICATION	DATE	STRENGTH	FREQUENCY
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PROVIDER	CONDITION		SIDE EFFECT

MEDICATION	DATE	STRENGTH	FREQUENCY
PROVIDER	CONDITION		SIDE EFFECT

MEDICATION	DATE	STRENGTH	FREQUENCY
PROVIDER	CONDITION		SIDE EFFECT



## OVER-THE-COUNTER MEDICATION RECORD

MEDICATION	DATE	STRENGTH	FREQUENCY
PROVIDER	CONDITION		SIDE EFFECT

MEDICATION	DATE	STRENGTH	FREQUENCY
PROVIDER	CONDITION		SIDE EFFECT

MEDICATION	DATE	STRENGTH	FREQUENCY
PROVIDER	CONDITION		SIDE EFFECT

MEDICATION	DATE	STRENGTH	FREQUENCY
PROVIDER	CONDITION		SIDE EFFECT

MEDICATION	DATE	STRENGTH	FREQUENCY
PROVIDER	CONDITION		SIDE EFFECT

MEDICATION	DATE	STRENGTH	FREQUENCY
PROVIDER	CONDITION		SIDE EFFECT

MEDICATION	DATE	STRENGTH	FREQUENCY
PROVIDER	CONDITION		SIDE EFFECT

## OVER-THE-COUNTER MEDICATION RECORD

MEDICATION	DATE	STRENGTH	FREQUENCY
PROVIDER	CONDITION		SIDE EFFECT

MEDICATION	DATE	STRENGTH	FREQUENCY
PROVIDER	CONDITION		SIDE EFFECT

MEDICATION	DATE	STRENGTH	FREQUENCY
PROVIDER	CONDITION		SIDE EFFECT

MEDICATION	DATE	STRENGTH	FREQUENCY
PROVIDER	CONDITION		SIDE EFFECT

MEDICATION	DATE	STRENGTH	FREQUENCY
PROVIDER	CONDITION		SIDE EFFECT

MEDICATION	DATE	STRENGTH	FREQUENCY
PROVIDER	CONDITION		SIDE EFFECT

MEDICATION	DATE	STRENGTH	FREQUENCY
PROVIDER	CONDITION		SIDE EFFECT

## HEALTH RESOURCES

### American Cancer Society

800.227.2345  
[www.cancer.org](http://www.cancer.org)

### American Diabetes Association

800.342.2383  
[www.diabetes.org](http://www.diabetes.org)

### American Heart Association

800.242.8721  
[www.americanheart.org](http://www.americanheart.org)

### Centers for Disease Control and Prevention

800.232.4636  
[www.cdc.gov](http://www.cdc.gov)

### Cover the Uninsured

800.234.1317  
[covertheuninsured.org](http://covertheuninsured.org)  
*Find resources for health care coverage in your state*

### National Breast and Cervical Cancer Early Detection Program

800.232.4636  
[www.cdc.gov/cancer/nbccedp](http://www.cdc.gov/cancer/nbccedp)  
*For free and low-cost mammograms and Pap tests*

### National Osteoporosis Foundation

800.231.4222  
[www.nof.org](http://www.nof.org)

### Prevent Cancer Foundation

800.227.2732  
[www.preventcancer.org](http://www.preventcancer.org)

### Quality Check®

[www.qualitycheck.org](http://www.qualitycheck.org)  
*Check quality and availability of health services through this national directory created by the Joint Commission, an independent, not-for-profit organization that accredits and certifies more than 15,000 U.S. health care organizations*

### WomenHeart

The National Coalition for Women with Heart Disease  
202.728.7199  
[www.womenheart.org](http://www.womenheart.org)

## Preventive Health Screening Questions to Ask Your Health Care Professional

1. What are my risks for the condition this screening is designed to detect?
2. How often should I be screened for this condition?
3. What should I do to prepare for this screening?
4. Where is the screening done?
5. Will my insurance pay for this screening? Are there other ways to pay for it?

## Things to Take With You When Meeting With Your Health Care Professional

- ❑ Insurance card/other documentation
- ❑ List of all conditions for which you are currently being treated
- ❑ List of all prescription and over-the-counter medications you take including vitamins and herbal supplements
- ❑ List/dates of previous surgeries or hospitalizations
- ❑ List of all allergies to medications, foods, etc.
- ❑ List/dates of immunizations/vaccinations
- ❑ List of all other health care providers you currently see