



**ADULT PREVENTATIVE HEALTH GUIDE**

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In an attempt to provide the best possible care to our patients, we have developed this Preventative Health Guide for our adult patients. Please take a few minutes to review current preventative health recommendations for your age group. For people with chronic diseases like diabetes ("sugar") or hypertension ("high blood pressure"), some screening tests may be necessary more often than listed below. Also, if you have a family history of certain diseases, especially cancers, you may need screening earlier than listed on this sheet; please ask the doctor about your special situation.

**CURRENT RECOMMENDATIONS FOR ADULTS AGE 19-49:**

- History and Physical Examination yearly
- Cholesterol level (blood test) every 5 years if normal
- Tetanus vaccine every 10 years and consider Hepatitis B, Varicella & Influenza vaccines
- Meningitis vaccine for those entering college
- Females: Breast Exam and PAP smear yearly by doctor and self breast exam, monthly
- Females: Mammogram yearly beginning at age 40 (earlier if you have a family history of breast cancer)
- Females: Digital rectal exam and colonoscopy beginning at age 40 (or earlier) if you have a family history of colon cancer)
- Males: Testicular exam yearly by doctor and monthly self-testicular exam
- Males: Rectal exam, prostate exam, PSA blood test and/or colonoscopy beginning at age 40 (or earlier, if you have a family history of prostate or colon cancer, or if you are African-American)

I have read the above recommendations and have been provided with a duplicate copy of this sheet.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**CURRENT RECOMMENDATIONS FOR ADULTS AGE 50-64:**

- History and Physical Examination yearly
- Cholesterol level (blood test) every 5 years if normal
- Digital rectal exam yearly with fecal occult blood test and colonoscopy every 5-10 years
- Females: Breast exam and PAP smear yearly by doctor and self breast exam monthly
- Males: Testicular exam, prostate exam, and PSA blood test yearly by doctor, and monthly self-testicular exam
- Consider aspirin therapy to reduce risk for heart attack and stroke
- Tetanus vaccine every 10 years and consider Hepatitis B, Varicella & Influenza vaccines

I have read the above recommendations and have been provided with a duplicate copy of this sheet.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**CURRENT RECOMMENDATIONS FOR ADULTS 65 AND OLDER:**

- Same as for aged 50-64 except,
- Pneumonia vaccine every 6-10 years and consider Hepatitis B and Influenza vaccine yearly

I have read the above recommendations and have been provided with a duplicate copy of this sheet.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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