

WHAT SHOULD A PHYSICAL INCLUDE?

How often should you have a regular physical exam?

How often you should schedule (and show up for) a physical depends on your age.

If you are 18 – 21 you should go every year.

If you are 22 – 39 you should go every 1 to 3 years depending on your specific risk factors. Ask your health care professional how often you should go.

What should your annual physical include?

It should start with a review of your medical history and your family history of disease and include a review of your immunizations to be sure they are up to date.

For a immunization schedule click here if you are under age 18

http://www.cdc.gov/vaccines/recs/schedules/downloads/child/2009/09_7-18yrs_schedule_pr.pdf

For ages 19 and older click here

<http://www.cdc.gov/vaccines/recs/schedules/downloads/adult/2009/adult-schedule.pdf>

In addition to a physical exam your health care provider should talk to you about health screenings and counseling.

What cancer screenings should you have?

Breast Cancer

Women starting at age 20 should have a clinical breast exam and be given self-exam instructions. Your health care professional will recommend a mammography screening depending on your age and risk factor. Risk factors include family history of premenopausal breast cancer (your mother or sibling) and your personal history of breast, ovarian and endometrial cancer.

Cervical Cancer

Beginning at age 21, women should have a pelvic exam and pap test and should be re-screened every one to three years. Screening should be more frequent for younger patients. Discuss what is best for you with your health care provider. Risk factors for cervical cancer include failure to have regular pap tests, a history of cervical tumors, HPV (human papillomavirus) infection, other sexually transmitted diseases and high-risk sexual behavior, and HIV/AIDS.

Colorectal/Colon Cancer

Patients ages 18 to 49 do not need routine screening except for those with known risk factors. Risk factors that may indicate a need for earlier screenings include a first degree relative (parent, sibling, child) diagnosed with colon cancer, inflammatory bowel disease and noncancerous polyps. If you have any of these risk factors, talk to your health care provider about them.

Testicular & Prostate Cancer

Beginning at age 18, men should have a testicular exam and should be given self-exam instruction. Prostate cancer screenings should begin at age 40. If you ever have trouble urinating or notice blood in your urine, you should consult with your health care professional.

Skin Cancer

Beginning at age 20 and until age 39 you should have a skin exam every three years. At age 40 you should begin annual skin exams regardless of your skin tone or color. Skin exams should be more frequent based on risk factors such as age, personal history of skin cancer, repeat sunburns early in life, family history, types and size of moles, light skin, hair and eyes and amount of sun exposure. Your health care provider should talk with you about skin cancer concerns, sun exposure, and the risks of tanning beds.

What other screenings should be part of your physical?**Glaucoma**

Between the ages of 18 and 39, you should be screened at least once for Glaucoma. High-risk patients including patients of African ancestry, those with a family history of Glaucoma and severe myopia (near-sighted) should be screened every 3 to 5 years. Patients with diabetes should be screened annually.

Body Mass Index

BMI is used to identify possible weight related health problems. After calculating your BMI, you should be provided with the appropriate advice,

Calculate you BMI here <http://www.cdc.gov/healthyweight/assessing/bmi/index.html>

Cholesterol

You should be screened every 5 years. High-risk patients with a family history of premature heart disease and those with previous high cholesterol, high blood pressure, low HDL, diabetes and smokers should be screened more frequently. Discuss your risk factors with your health care provider.

Diabetes - Type 2

Screening should begin at age 45 unless you are overweight, are physically inactive, have high blood pressure, a history of vascular disease, high cholesterol, a history of gestational diabetes, impaired glucose tolerance, polycystic ovary syndrome, or have risk factors such as a first-degree relative (parent, sibling, child) with diabetes, or are of African, Hispanic or Native American descent.

High Blood Pressure

Your blood pressure should be taken during each physical.

Infectious Diseases

□ Sexually Transmitted Infections

Your health care provider should discuss the risk factors for sexually transmitted infections (STIs) such as Chlamydia, Gonorrhea, Syphilis, & HPV with you and provide you with information about ways to reduce your risk.

□ Hepatitis C

Patients at high risk should be tested. Risk factors include drug abuse; receipt of blood products before 1987, receipt of a blood transfusion or solid organ transplant before July, 1992; long-term kidney dialysis; evidence of liver disease; a tattoo or body piercing by nonsterile needle, and risky sex practices (not using condoms, multiple sex partners).

□ HIV

If you have received blood or blood products before 1985; are a man having sex with another man; abuse drugs; have a history of prior sexually transmitted infections; have new or multiple sex partners and inconsistently use condoms, you should be tested:

□ Tuberculosis (TB)

A simple tuberculin skin test should be done for all patients at high risk. Risk factors include: having spent time with someone known to have or suspected of having TB, global travel (especially to Africa, Asia, Eastern Europe, Central and South America), having injected illicit drugs, living in the U.S. where TB is more common (e.g., shelters, migrant farm camps, prisons), having HIV, or spending time with others with these risk factors.