

**MUTUAL OF OMAHA
PREVENTIVE CARE GUIDELINES
AGES 40-64 YEARS
(PHYSICAL EVERY 3 YEARS)**

	SHADED AREAS = RANGE OF ACCEPTABLE AGES PLEASE NOTE THESE RECOMMENDATIONS ARE MINIMAL REQUIREMENTS.
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<u>Years</u>	40 years	50 years	64 years
Td (every 10 years)			
Influenza Vaccine (annually after 50)			
<i>Zostavax Vaccine</i> (>60) Single dose			
<u>History</u>			
Dietary Intake			
Physical Activity			
Tobacco/Alcohol/ Drug Use			
Sexual Practices			
<u>Physical Exam</u>			
Height & Weight			
Blood Pressure			
Breast and Pelvic Exam			
Digital Rectal Exam Males ^{1,2}			
Digital Rectal Exam Females (part of Pap smear)			
Skin Exam			
¹ Recommended annually after age 50			
² If patient is African American or has a family history, physician should complete annually after age 40 for high risk			
<u>TESTS</u>			
Lipid Profile (every 5 yrs)			
Pap Smear (1 every 3 years)			
Mammogram (Baseline at 40, then 1 every 2 years)	Baseline at age 40		
Colonoscopy Age 50 older, every 10yrs			
Sigmoidoscopy ¹			
Double Contrast Barium Enema ¹			
Fecal Occult Blood ²			
Prostate Specific Antigen ^{2,3}			
¹ Recommended age 50 and older, then every 3-5 years			
² Recommended annually after age 50			
³ If patient is African American or has a family history, physician should complete annually after age 40 for high risk			
<u>Counseling</u>			
Self Breast / Testicular Exam			
Dietary			
Adequate Calcium Intake			
Exercise			
Tobacco & Effects of Passive Smoking/Smoking Cessation			
Alcohol & Other Drugs Cessation			
Avoid Driving/Swimming/Boating after Drinking			

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<u>Years</u>	40 years			50 years				64 years
Smoke Detector								
Safety Belts								
Dental Hygiene								
Sexual Practices / STDs Prevention/Contraception								
Safety Helmets Bicycle/ Motorcycle /ATV Helmets								
Safe Storage of Firearms								
Sunblock Usage								
Discuss Aspirin Therapy								
Discuss Hormone Replacement Therapy								
Proper Body Mechanics								
<u>High Risk Groups / Selected Populations</u> ¹								
TB								
PPD								
Hepatitis A ²								
Hepatitis B								
Influenza Vaccine								
Pneumococcal Vaccine ³								
Meningococcal Vaccine ⁴								
MMR								
Varicella Vaccine (if non-immune)								
Sexually Transmitted Diseases VDRL, Gonorrhea, HIV								
Chlamydia (annually if sexually active)								
Blood Sugar								
Urinalysis								
Fecal Occult Blood								
EKG								
Bone Mineral Content								
Hearing								
¹ These are not requirements but reminders to consider these items in high risk individuals								
² Selected states and regions								
³ COCHLEAR IMPLANT RECIPIENTS UP TO DATE ON AGE APPROPRIATE PNEUMOCOCCAL VACCINATION								
⁴ HIGH RISK OR ALL AGES								

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