

**MUTUAL OF OMAHA
PREVENTIVE CARE GUIDELINES
AGES 65 YEARS AND OLDER
(Physical Every Year)**

	SHADED AREAS = RANGE OF ACCEPTABLE AGES PLEASE NOTE THESE RECOMMENDATIONS ARE MINIMAL REQUIREMENTS.
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Years	65	66	67	68	69	70	71	72	73	74	75
Td (every 10 years)											
Influenza (Annually)											
Pneumococcal											
<i>Zostavax Vaccine (>60) Single dose</i>											
History											
Dietary Intake											
Physical Activity /Excercise											
Tobacco/Alcohol/Drug Use											
Review of Current Meds											
Prior Symptoms of TIAs											
Functional Status at Home											
Physical Exam											
Height & Weight											
Blood Pressure											
Visual Acuity											
Hearing and Hearing Aids											
Breast Exam											
Digital Rectal Exam (annually)											
Skin Exam											
Tests											
Lipid Profile (every 2 yrs)											
Thyroid Function Tests (every 2-3 yrs)											
Pap Smear (1every 2-3 years)											
Mammogram (annually)											
Sigmoidoscopy (every 3-5 yrs)											
Colonoscopy (every 10 yrs)											
Double Contrast Barium Enema (every 3-5 yrs)											
Fecal Occult Blood (annually)											
Prostate Specific Antigen (annually)											
Glaucoma Testing (annually)											
Counseling											
Self Testicular Exam & Self Breast Exam											
Dietary											
Adequate Calcium Intake											
Exercise											
Dental Hygiene											

Mutual of Omaha - Preventive Care Guidelines

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Years	65	66	67	68	69	70	71	72	73	74	75
Tobacco/Effects of Passive Smoking/Smoking Cessation											
Alcohol/Other Drug Cessation											
Avoid Driving/Swimming/Boating after Drinking											
Smoke Detector											
Safety Belts											
Sexual Practices /STD Prevention/Contraception											
Prevention of Falls											
Safety Helmets Bicycle/Motorcycle/ATV Helmets											
Safe storage of Firearms											
Sunblock Usage											
Hot Water Heater Temp.											
CPR Training for Household Members											
Medication Usage Discuss ASA and Hormone Replacement Therapy											
Proper Body Mechanics											
High Risk Groups / Selected Populations ¹											
PPD											
Blood Sugar											
EKG											
Pap Smear											
Hepatitis A ²											
Varicella (if non-immune)											
Meningococcal Vaccine ⁴											
Hepatitis B											
Amantidine / Rimantadine ³											
¹ These are not requirements but reminders to consider these items in high risk individuals											
² Selected states and regions											
³ Institutionalized persons and health care workers											
⁴ High Risk or all ages											