

WOMEN'S HEALTH CHECKLIST

AGES 18 - 39

Recommended Screenings & Checkups	Frequency	Appointment Date	<input checked="" type="checkbox"/>
Cancer Detection			
Skin Self Exam	Monthly		<input type="checkbox"/>
Testes Self Exam (Recommended for some Transgender Women)	Monthly		<input type="checkbox"/>
Oral Self Exam	Monthly		<input type="checkbox"/>
Breast Self Exam	Monthly		<input type="checkbox"/>
Clinical Breast Exam	Annually		<input type="checkbox"/>
Skin Check	Annually		<input type="checkbox"/>
Cervical Cytology (Pap Smear)	Every 3 Years Starting at Age 21		<input type="checkbox"/>
Heart Disease & Diabetes Prevention			
Blood Pressure Screening	Once Every 2 Years		<input type="checkbox"/>
Vaccines			
Whooping Cough	Once		<input type="checkbox"/>
Human Papillomavirus Infection (HPV)	Once if Under Age 26		<input type="checkbox"/>
Flu Shot	Annually		<input type="checkbox"/>
Tetanus Booster	Every 10 Years		<input type="checkbox"/>
General Women's Health			
Hepatitis-C Test	Once		<input type="checkbox"/>
Complete Health Exam & BMI Check	Annually		<input type="checkbox"/>
OB/GYN Health Exam	Annually		<input type="checkbox"/>
Fasting Glucose & Lipid Profile Cr, Lytes if on spironolactone CBC, ALT+/-ACT Estradiol, Prolactin, LH (Recommended Bloodwork for Transgender Women)	Annually		<input type="checkbox"/>
STD Screening	Varies by Risk		<input type="checkbox"/>