Barton Associates

WOMEN'S HEALTH CHECKLIST

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Recommended Screenings & Checkups	Frequency	Appointment Date	✓
Cancer Detection			
Skin Self Exam	Monthly		☐
Testes Self Exam (Recommended for some Transgender Women)	Monthly		☐
Oral Self Exam	Monthly		☐
Breast Self Exam	Monthly		☐
Clinical Breast Exam	Annually		☐
Skin Check	Annually		☐
Mammogram	Every 1-2 Years		☐
Cervical Cytology (Pap Smear)	Every 3 Years		☐
HPV Test	Every 3 Years		☐
Heart Disease & Diabetes Prevention			
Blood Pressure Screening	Once Every 2 Years		☐
Blood Sugar Test	At 45 then Every 3 Years		☐
Cholesterol Screening	Every 5 Years		☐
Vaccines			
Flu Shot	Annually		☐
Tetanus Booster	Every 10 Years		☐
General Women's Health			
Complete Health Exam & BMI Check	Annually		☐
OB/GYN Health Exam	Annually		☐
Fasting Glucose & Lipid Profile Cr, Lytes if on spironolactone CBC, ALT+/-ACT Estradiol, Prolactin, LH (Recommended Bloodwork for Transgender Women)	Annually		☐
STD Screening	Varies by Risk		☐