

WOMEN'S HEALTH CHECKLIST

AGES 50 - 65+

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"/>
Fecal occult Blood Test (gFOBT) or Fecal Immunochemical Test (FIT)	Annually		<input type="checkbox"/>
Low-Dose Computer Tomography (LDCT)	Annually if at Risk		<input type="checkbox"/>
Mammogram	Every 1-2 Years		<input type="checkbox"/>
Stool DNA-FIT Test	Every 1-3 Years		<input type="checkbox"/>
Cervical Cytology (Pap Smear)	Every 3 Years		<input type="checkbox"/>
HPV Test	Every 3 Years		<input type="checkbox"/>
Flexible Sigmoidoscopy	Every 5 Years		<input type="checkbox"/>
Colonoscopy	Every 10 Years		<input type="checkbox"/>
Heart Disease & Diabetes Prevention			
Blood Pressure Screening	Annually		<input type="checkbox"/>
Blood Sugar Test	Every 3 Years		<input type="checkbox"/>
Cholesterol Screening	Every 5 Years		<input type="checkbox"/>
Vaccines			
Pneumococcal Vaccine	Once		<input type="checkbox"/>
Shingles or Herpes Zoster Vaccine	Once At Age 50		<input type="checkbox"/>
Flu Shot	Annually		<input type="checkbox"/>
Tetanus Booster	Every 10 Years		<input type="checkbox"/>
General Women's Health			
Bone Mineral Density Test	Once if Age 65+		<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"/>
Thyroid Test (TSH)	Every 5 Years		<input type="checkbox"/>