

Medicare Initial Preventive Physical Exam Recommendations

Name: _____

Date: _____

The following areas were checked during your exam

- Vision
- Depression
- Memory
- Risk of falls
- Health risks
- Ability to care for your self
- Chronic Medical Problems

To help keep your health you should have the exams and tests that are checked in this table.

| Need | Done | Preventive Services | Medicare Pays* | Scheduled |
|------|------|--|----------------|-----------|
| | | Pelvic & Breast exam | 2 yrs | |
| | | Mammogram (<i>breast x-ray</i>) | 1 yr | |
| | | Pap smear | 2 yrs | |
| | | PSA (<i>prostate cancer test</i>) | 1 yr | |
| | | Occult blood (<i>test for blood in colon</i>) | 1 yr | |
| | | Colonoscopy (<i>test for colon cancer</i>) | 10 yrs | |
| | | Lipid profile (<i>cholesterol</i>) | 5 yrs | |
| | | Blood Sugar (<i>should have every 3 years</i>) | Not paid | |
| | | DXA (<i>bone density test</i>) | 2 yrs | |
| | | Tetanus (<i>should have every 10 years</i>) | Not paid | |
| | | FluVax | 1 yr | |
| | | Pneumovax | varies | |
| | | Eye Exam (<i>should have every 2 years</i>) | Not paid | |

*Medicare may pay more often if you are at higher than normal risk

Other Recommendations: