



Prevention Is Paramount!

Bring this card to your doctor and ask which screenings (tests) are right for you and when you should have them.

A Healthy To-Do List for Men (Flip for women's to-do list.)

Screening	Date (month/year)	Result
Blood pressure		
Body mass index (BMI)		
Cholesterol (total) _____ LDL _____ HDL _____ Triglycerides		
Colorectal cancer (ages 50 and older)		
Hearing (ages 65 and older)		
Prostate cancer		
Vision (ages 65 and older)		
Have you had your flu shot this year?	_____ Yes _____ No	

Visit www.paramounthealthcare.com and click on "Better Health for Life."

A Healthy To-Do List for Women (Flip for men's to-do list.)

Screening	Date (month/year)	Result
Blood pressure		
Body mass index (BMI)		
Bone density (ages 65 and older)		
Cervical cancer (sexually active or ages 21 and older)		
Chlamydia (ages 24 and younger)		
Cholesterol (total) _____ LDL _____ HDL _____ Triglycerides		
Clinical breast exam		
Colorectal cancer (ages 50 and older)		
Hearing (ages 65 and older)		
Mammogram (ages 40 and older)		
Vision (ages 65 and older)		
Have you had your flu shot this year? _____ Yes _____ No		

Visit www.paramounthealthcare.com and click on "Better Health for Life."

Check Out Our Online
Wellness Center!



Find out how healthy you are in just a few clicks. Go to our Web site and take a survey about your health.

Visit www.paramounthealthcare.com and click on "Better Health for Life" and then "Your Health."



Member of
PROMEDICA
HEALTH SYSTEM

Prenatal-Postpartum Care Guidelines, Paramount Care, Inc.

Initial Evaluation		
Screenings	Lab Studies	Assessment/Education
Height Weight—current and pre-pregnancy Blood pressure Physical examination Ultrasound (if indicated)	Hematocrit or hemoglobin levels Urine for culture and sensitivity Pap test ABO/Rh typing with antibody screening Rubella antibody titer VDRL or RPR, FTA, if reactive Hepatitis B surface antigen HIV antibody testing One-hour glucose tolerance test (at risk) Test for gonorrhea and chlamydia (if indicated) Cystic fibrosis screening (optional) (offered if not done prior to pregnancy) Sickle-cell screening offered to African-Americans	Complete history Estimated date of delivery Current medication (prescription and over-the-counter) Tobacco use Substance use Signs and symptoms to report to provider Nutrition Environmental exposure Hot-tub warning Exercise Evaluate risk for domestic violence Genetic risk assessment and counseling Immunizations Influenza vaccine (if in second or third trimester of pregnancy during flu season)

Follow-Up Visits		
Screenings	Lab Studies	Assessment/Education
Weight Blood pressure Uterine height Fetal heart tones Fetal movement (to be recorded each visit during the second and third trimester) Dipstick urinalysis Presence of contractions Presence of swelling Ultrasound (at risk)	Quadruple screen at 15–20 weeks offered (Alpha-fetoprotein, b-HCG, Unconjugated Estriol, Inhibin A) Antibody screen at 28 weeks (if Rh-negative; prior to giving RhoGAM) Hemoglobin or hematocrit (to be recorded at 28–32 weeks gestation) CBC with differential if needed Iron studies if needed One-hour glucose tolerance test at 28 weeks Group B strep, gonorrhea, chlamydia at 34–35 weeks Genetic studies (as indicated) VDRL ER RPR, FTA if needed	Childbirth process Infant feeding Choosing child's physician WIC/nutrition Birth control Prenatal risk factors RhoGAM (if appropriate) Working Air travel during pregnancy Postpartum tubal ligation Circumcision Vaginal birth after cesarean (if indicated) Umbilical cord blood bank Exercise

Follow-up visits are scheduled every four weeks for the first 28 weeks of gestation, every two weeks until 36 weeks of gestation, and weekly thereafter. Other services may be required based on individual needs.

Postpartum Visits			
Screenings	Assessment/Education	Assessment/Education	Assessment/Education
Weight Blood pressure Breasts Abdomen	Pelvic exam Episiotomy repair Uterine involution Pap test (if needed)	Interval history Assess adaptation to newborn Physical exam to evaluate status Breast-feeding	Evaluate for postpartum depression Birth control Return to work

Postpartum visits should be scheduled approximately four to six weeks after delivery. A visit within seven to 14 days of delivery may be advisable after a cesarean delivery, tubal ligation, or complicated pregnancy.

Guidelines are recommendations from "Guidelines for Perinatal Care," sixth edition. These are guidelines for members with an uncomplicated pregnancy. Other services may be required based on an individual member's needs or risk factors.

Paramount offers two postpartum home visits for all Paramount Advantage™ members.



Senior Adult Preventive Health Care Guidelines, Paramount Care, Inc.

Female				
Age	Screenings	Lab Studies	Assessment/Education	Immunizations*
65 and older	Height Weight BMI (body mass index) Blood pressure Clinical breast exam annually Colorectal screening ≥ age 50 Fecal occult blood annually, series of 3 and/or Flexible sigmoidoscopy every 5 years or Colonoscopy every 10 years or Double-contrast barium enema every 5 years Osteoporosis screening Hearing screening Vision screening	Pap test† Mammogram (every 1–2 years) Fasting lipoprotein profile every 5 years (total cholesterol, LDL, HDL, and triglycerides)	History Injury prevention (especially fall prevention) Drug/alcohol use Tobacco cessation Diet and exercise Sexual behavior Calcium intake Dental health Depression Abuse/neglect Aspirin therapy OTC vitamins, supplements, and medications	Td Influenza Pneumococcal Varicella Hepatitis A Hepatitis B PPD MMR Meningococcal Zoster * For information on at-risk groups, refer to www.cdc.gov/nip .

† Consider discontinuation of testing after age 65 if previous regular screening results were consistently normal.
* Discuss your individual risks with your health care provider.

Male				
Age	Screenings	Lab Studies	Assessment/Education	Immunizations*
65 and older	Height Weight BMI (body mass index) Blood pressure Colorectal screening ≥ age 50 Fecal occult blood annually, series of 3 and/or Flexible sigmoidoscopy every 5 years or Colonoscopy every 10 years or Double-contrast barium enema every 5 years Hearing screening Vision screening Prostate screening (as recommended by physician with informed consent)* Abdominal aortic aneurysm with history of smoking	Fasting lipoprotein profile every 5 years (total cholesterol, LDL, HDL, and triglycerides)	History Injury prevention (especially fall prevention) Drug/alcohol use Tobacco cessation Diet and exercise Sexual behavior Dental health Depression Abuse/neglect Aspirin therapy OTC vitamins, supplements, and medications	Td Influenza Pneumococcal Varicella Hepatitis A Hepatitis B PPD MMR Meningococcal Zoster * For information on at-risk groups, refer to www.cdc.gov/nip .

* Discuss your individual risks with your health care provider.

Guidelines are recommendations for periodic assessments from the U.S. Preventive Services Task Force (USPSTF) based on www.ahrq.gov/clinic/uspstfix.htm. National Cholesterol Education Program recommendations are the guidelines used for cholesterol screening. The immunization schedule is from the "Recommended Adult Immunization Schedule, United States, 2009." These guidelines are for preventive health care; other services may be required based on individual members' needs and risk factors.

Prevention Is Paramount



We developed the Paramount Preventive Health Care Guidelines to help you play an active role in your own and your family's health care. You can use the information in these tables to schedule services you need. Please check your benefit package to verify coverage of these services.

Regular visits to your Primary Care Physician may help prevent serious health problems. The information in these tables is appropriate for those with average risk for the conditions named. If you or your family member is at high or above-average risk or you have a chronic health condition such as

diabetes, talk with your health care provider to develop a plan that meets your personal health care needs.

Remember, you can also visit us on the Web at www.paramounthealthcare.com. Click on "Better Health for Life" and set up a reminder for yourself and your family for the appropriate preventive services.

Important notice: Coverage for services related to Paramount's Preventive Health Care Guidelines may vary by health benefit plan design. Please check your Summary of Benefits or Member Handbook for details.

Adult Preventive Health Care Guidelines, Paramount Care, Inc.

Female				
Age	Screenings	Lab Studies	Assessment/Education	Immunizations*
20–64 years	Height Weight BMI (body mass index) Blood pressure Clinical breast exam annually Osteoporosis screening ages 60–64 (at risk)* Colorectal screening ≥ age 50* Fecal occult blood annually, series of 3 and/or Flexible sigmoidoscopy every 5 years or Colonoscopy every 10 years or Double-contrast barium enema every 5 years	Pap test* (age 21 or sexually active and have a cervix) ≤ every 3 years Mammogram ≥ age 40 (every 1–2 years) Fasting lipoprotein profile ≥ age 20, every 5 years (total cholesterol, LDL, HDL, and triglycerides) Chlamydia ≤ age 24 or at increased risk Rubella serology/ vaccination hx	History Drug/alcohol use Tobacco cessation Diet and exercise Sexual behavior/contraception Calcium intake Dental health Depression Abuse/neglect Aspirin therapy OTC vitamins, supplements, and medications	Tdap x 1 dose; then Td Influenza Pneumococcal Varicella Hepatitis A Hepatitis B HPV < 26 years PPD MMR Meningococcal Zoster > age 60 * For information on at-risk groups, refer to www.cdc.gov/nip .

* Discuss your individual risks with your health care provider.

Male				
Age	Screenings	Lab Studies	Assessment/Education	Immunizations*
20–64 years	Height Weight BMI (body mass index) Blood pressure Colorectal screening ≥ age 50* Fecal occult blood annually, series of 3 and/or Flexible sigmoidoscopy every 5 years or Colonoscopy every 10 years or Double-contrast barium enema every 5 years Prostate screening (as recommended by physician with informed consent)*	Fasting lipoprotein profile ≥ age 20, every 5 years (total cholesterol, LDL, HDL, and triglycerides)	History Drug/alcohol use Tobacco cessation Diet and exercise Sexual behavior Dental health Depression Abuse/neglect Aspirin therapy OTC vitamins, supplements, and medications	Tdap x 1 dose; then Td Influenza Pneumococcal Varicella Hepatitis A Hepatitis B PPD MMR Meningococcal Zoster > age 60 * For information on at-risk groups, refer to www.cdc.gov/nip .

* Discuss your individual risks with your health care provider.

Guidelines are recommendations for periodic assessments from the U.S. Preventive Services Task Force (USPSTF) based on www.ahrq.gov/clinic/uspstfix.htm. National Cholesterol Education Program recommendations are the guidelines used for cholesterol screening. The immunization schedule is from the "Recommended Adult Immunization Schedule, United States, 2009." These guidelines are for preventive health care; other services may be required based on individual members' needs and risk factors.

Pediatric Preventive Health Care Guidelines, Paramount Care, Inc.

Infancy				
Age	Screenings	Assessment/Education	Immunizations	Risk Assessment
Newborn	Length/height and weight Head circumference Weight for length Hearing screening Newborn metabolic/ hemoglobin	Physical exam—unclothed History—initial/interval Development Psychosocial/behavioral assessment Anticipatory guidance	Hep B #1 at birth	Blood pressure Vision screening
3–5 days 48–72 hours post- discharge	Length/height and weight Head circumference Weight for length Newborn metabolic/ hemoglobin	Physical exam—unclothed History—initial/interval Feeding Jaundice Development Psychosocial/behavioral assessment Anticipatory guidance	Hep B #1 if not at birth	Blood pressure Hearing screening Vision screening
CONSIDER EVERY VISIT A VACCINE VISIT.				
By 1 month	Length/height and weight Head circumference Weight for length Newborn metabolic/ hemoglobin	Physical exam—unclothed History—initial/interval Development Psychosocial/behavioral assessment Anticipatory guidance	Hep B #2	Blood pressure Hearing screening Vision screening Tuberculin test
CONSIDER EVERY VISIT A VACCINE VISIT.				
2 months	Same as above	Same as above	Rotavirus #1 DTaP #1 Hib #1 PCV #1 IPV #1	Blood pressure Hearing screening Vision screening
CONSIDER EVERY VISIT A VACCINE VISIT.				
4 months	Length/height and weight Head circumference Weight for length	Same as above	Rotavirus #2 DTaP #2 Hib #2 PCV #2 IPV #2	Blood pressure Hearing screening Vision screening Hematocrit or hemoglobin
CONSIDER EVERY VISIT A VACCINE VISIT.				
6 months	Same as above	Same as above	Hep B #3 Rotavirus #3 DTaP #3 Hib #3 PCV #3 IPV #3 Influenza—yearly	Blood pressure Hearing screening Vision screening Lead screening Tuberculin test Oral health
CONSIDER EVERY VISIT A VACCINE VISIT.				
9 months	Same as above	Same as above	Influenza—yearly Review and update. Refer to www.cdc.gov/ vaccines/recs/ schedules/ default. htm#child	Blood pressure Hearing screening Vision screening Lead screening Oral health
CONSIDER EVERY VISIT A VACCINE VISIT.				
Consider combination vaccines when possible. Delayed and missed vaccinations increase individual and community risks for vaccine-preventable disease.				

Guidelines are from the American Academy of Pediatrics' "Recommendations for Preventive Pediatric Health Care 2008." These guidelines are for preventive care; other services may be required based on members' needs or risk factors. The immunization schedule is based on the "Recommended Immunization Schedule for Persons Aged 0–6 Years, United States, 2009."

Pediatric Preventive Health Care Guidelines, Paramount Care, Inc.

Early Childhood				
Age	Screenings	Assessment/Education	Immunizations	Risk Assessment (if indicated)
12 months	Length/height and weight Head circumference Weight for length Hematocrit or hemoglobin Blood lead level (required for Medicaid) Lead screening	Physical exam—unclothed History—initial/interval Development Psychosocial/behavioral assessment Anticipatory guidance Oral health	DTaP #4 (6 months after third dose) Hib #4 PCV #4 MMR #1 Varicella #1 Hep A #1 (2 doses, 6 months apart) Influenza—yearly	Blood pressure Hearing screening Vision screening Tuberculin test
CONSIDER EVERY VISIT A VACCINE VISIT.				
15 months	Length/height and weight Head circumference Weight for length	Physical exam—unclothed History—initial/interval Development Psychosocial/behavioral assessment Anticipatory guidance	Same as above if not previously given	Blood pressure Hearing screening Vision screening
CONSIDER EVERY VISIT A VACCINE VISIT.				
18 months	Same as above	Physical exam—unclothed History—initial/interval Development Autism screening Psychosocial/behavioral assessment Anticipatory guidance Oral health	Influenza—yearly Refer to www.cdc.gov/ vaccines/recs/ schedules/ default.htm#child	Blood pressure Hearing screening Vision screening Hematocrit or hemoglobin Lead screening Tuberculin test
CONSIDER EVERY VISIT A VACCINE VISIT.				
24 months	Length/height and weight Head circumference Body mass index (BMI) Blood lead level (required for Medicaid) Lead screening	Same as above	Influenza—yearly Review and update. Refer to www.cdc.gov/ vaccines/recs/ schedules/ default.htm#child	Blood pressure Hearing screening Vision screening Hematocrit or hemoglobin Tuberculin test Dyslipidemia screening
CONSIDER EVERY VISIT A VACCINE VISIT.				
30 months	Length/height and weight Body mass index (BMI)	Physical exam—unclothed History—initial/interval Development Psychosocial/behavioral assessment Anticipatory guidance Oral health	Same as above	Blood pressure Hearing screening Vision screening
CONSIDER EVERY VISIT A VACCINE VISIT.				
3 years	Length/height and weight Body mass index (BMI) Blood pressure Vision screening	Same as above	Influenza—yearly Review and update Refer to www.cdc.gov/ vaccines/recs/ schedules/ default.htm#child	Hearing screening Hematocrit or hemoglobin Lead screening Tuberculin test
CONSIDER EVERY VISIT A VACCINE VISIT.				
4 years	Length/height and weight Body mass index (BMI) Blood pressure Vision screening Hearing screening	Physical exam—unclothed History—initial/interval Development Psychosocial/behavioral assessment Anticipatory guidance	DTaP #5 IPV #4 Influenza—yearly MMR #2 Varicella #2 (Hep A) (2 doses, 6 months apart)	Hematocrit or hemoglobin Lead screening Tuberculin test Dyslipidemia screening
CONSIDER EVERY VISIT A VACCINE VISIT.				
Consider combination vaccines when possible. Delayed and missed vaccinations increase individual and community risks for vaccine-preventable disease.				

Guidelines are based on the American Academy of Pediatrics' "Recommendations for Preventive Pediatric Health Care 2008." These guidelines are for preventive care; other services may be required based on members' needs or risk factors. The immunization schedule is based on the "Recommended Immunization Schedule for Persons Aged 0–6 Years, United States, 2009."

Pediatric Preventive Health Care Guidelines, Paramount Care, Inc.

Middle Childhood				
Age	Screenings	Assessment/Education	Immunizations	Risk Assessment (if indicated)
5 years	Height and weight BMI Blood pressure Vision screening Hearing screening	Physical exam—unclothed History—initial/interval Development Psychosocial/behavioral assessment Anticipatory guidance	DTaP #5 IPV #4 MMR #2 Influenza—yearly Varicella #2	Hematocrit or hemoglobin Lead screening Tuberculin test Urinalysis
CONSIDER EVERY VISIT A VACCINE VISIT.				
6 years	Height and weight BMI Blood pressure Vision screening Hearing screening	Physical exam—unclothed History—initial/interval Development Psychosocial/behavioral assessment Anticipatory guidance Oral health	Influenza—yearly Review and update. Refer to www.cdc.gov/ vaccines/recs/ schedules/ default.htm#child	Hematocrit or hemoglobin Lead screening Tuberculin test Dyslipidemia screening Urinalysis
CONSIDER EVERY VISIT A VACCINE VISIT.				
7 years	Height and weight BMI Blood pressure	Physical exam—unclothed History—initial/interval Development Psychosocial/behavioral assessment Anticipatory guidance	Same as above	Vision screening Hearing screening Hematocrit or hemoglobin Tuberculin test Urinalysis
CONSIDER EVERY VISIT A VACCINE VISIT.				
8 years	Height and weight BMI Blood pressure Vision screening Hearing screening	Same as above	Same as above	Hematocrit or hemoglobin Tuberculin test Dyslipidemia screening Urinalysis
CONSIDER EVERY VISIT A VACCINE VISIT.				
9 years	Height and weight BMI Blood pressure	Same as above	Same as above	Vision screening Hearing screening Hematocrit or hemoglobin Tuberculin test Urinalysis
CONSIDER EVERY VISIT A VACCINE VISIT.				
10 years	Height and weight BMI Blood pressure Vision screening Hearing screening	Same as above	Same as above	Hematocrit or hemoglobin Tuberculin test Dyslipidemia screening Urinalysis
CONSIDER EVERY VISIT A VACCINE VISIT.				
Consider combination vaccines when possible. Delayed and missed vaccinations increase individual and community risks for vaccine-preventable disease.				

Guidelines are from the American Academy of Pediatrics' "Recommendations for Preventive Pediatric Health Care 2008." These guidelines are for preventive care; other services may be required based on members' needs or risk factors. The immunization schedule is based on the "Recommended Immunization Schedule for Persons Aged 0–6 & 7–18 Years, United States, 2009."

Guidelines are from the American Academy of Pediatrics' "Recommendations for Preventive Pediatric Health Care 2008." These guidelines are for preventive care; other services may be required based on members' needs or risk factors. The immunization schedule is based on the "Recommended Immunization Schedule for Persons Aged 0–6 & 7–18 Years, United States, 2009."