



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

Pediatric Preventive Health Care Guidelines, Paramount Care, Inc.

	Length/height and weight Head circumference Weight for length Hearing screening Newborn metabolic/ hemoglobin	Physical exam—unclothed History—initial/interval Development Psychosocial/behaviorial assessment Anticipatory guidance	Hep B #1 at birth	Blood pressure Vision screening
	Length/height and weight Head circumference Weight for length Newborn metabolic/ hemoglobin	Physical exam—unclothed History—initial/interval Feeding Jaundice Development Psychosocial/behaviorial assessment Anticipatory guidance	Hep B #1 if not at birth	Blood pressure Hearing screening Vision screening
CONSIDER EVERY VISIT A VACCINE VISIT.				
	Length/height and weight Head circumference Weight for length Newborn metabolic/ hemoglobin	Physical exam—unclothed History—initial/interval Development Psychosocial/behaviorial assessment Anticipatory guidance	Hep B #2	Blood pressure Hearing screening Vision screening Tuberculin test
CONSIDER EVERY VISIT A VACCINE VISIT.				
	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.				
	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.				
	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.				
	Same as above	Same as above	Influenza—yearly Review and update. Refer to	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.

	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/behaviorial 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.				
	Length/height and weight Head circumference Weight for length	Physical exam—unclothed History—initial/interval Development Psychosocial/behaviorial assessment Anticipatory guidance	Same as above if not previously given	Blood pressure Hearing screening Vision screening
CONSIDER EVERY VISIT A VACCINE VISIT.				
	Same as above	Physical exam—unclothed History—initial/interval Development Autism screening Psychosocial/behaviorial assessment Anticipatory guidance Oral health	Influenza—yearly Refer to	Blood pressure Hearing screening Vision screening Hematocrit or hemoglobin Lead screening Tuberculin test
CONSIDER EVERY VISIT A VACCINE VISIT.				
	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	Blood pressure Hearing screening Vision screening Hematocrit or hemoglobin Tuberculin test Dyslipidemia screening
CONSIDER EVERY VISIT A VACCINE VISIT.				
	Length/height and weight Body mass index (BMI)	Physical exam—unclothed History—initial/interval Development Psychosocial/behaviorial assessment Anticipatory guidance Oral health	Same as above	Blood pressure Hearing screening Vision screening
CONSIDER EVERY VISIT A VACCINE VISIT.				
	Length/height and weight Body mass index (BMI) Blood pressure Vision screening	Same as above	Influenza—yearly Review and update Refer to	Hearing screening Hematocrit or hemoglobin Lead screening Tuberculin test
CONSIDER EVERY VISIT A VACCINE VISIT.				
	Length/height and weight Body mass index (BMI) Blood pressure Vision screening Hearing screening	Physical exam—unclothed History—initial/interval Development Psychosocial/behaviorial 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.

	Height and weight BMI Blood pressure Vision screening Hearing screening	Physical exam—unclothed History—initial/interval Development Psychosocial/behaviorial 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.				
	Height and weight BMI Blood pressure Vision screening Hearing screening	Physical exam—unclothed History—initial/interval Development Psychosocial/behaviorial assessment Anticipatory guidance Oral health	Influenza—yearly Review and update. Refer to	Hematocrit or hemoglobin Lead screening Tuberculin test Dyslipidemia screening Urinalysis
CONSIDER EVERY VISIT A VACCINE VISIT.				
	Height and weight BMI Blood pressure	Physical exam—unclothed History—initial/interval Development Psychosocial/behaviorial assessment Anticipatory guidance	Same as above	Vision screening Hearing screening Hematocrit or hemoglobin Tuberculin test Urinalysis
CONSIDER EVERY VISIT A VACCINE VISIT.				
	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.				
	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.				
	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.				
	Height and weight BMI Blood pressure Dyslipidemia screening (ages 18-21) Vision test (at ages 12, 15, and 18) Pap test (within 3 years of sexual activity) Chlamydia (if sexually active)	Physical exam— unclothed History—initial/interval Development Psychosocial/ behaviorial assessment Anticipatory guidance	Tdap MCV HPV series of 3 Influenza—yearly • Influenza—yearly • Tdap • MCV • IPV series • Varicella • Hep A series (if not previously given)	Vision test (at ages 11, 13, 14, 16, 17, and 19-21) Hearing test Alcohol and drug use Tuberculin test Dyslipidemia screening (ages 11-17) Hematocrit or hemoglobin STI Cervical dysplasia 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. The American Academy of Pediatrics recommends annual visits from ages 11 to 21. Other services may be required based on an individual member's needs or risk factors.				

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."