



## 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](http://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 (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](http://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](http://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 prepregnancy 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 to Caucasians and 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  <b>Immunizations</b> Influenza vaccine (if in second or third trimester of pregnancy during flu season)

During the initial evaluation, the physician or certified nurse-midwife needs to perform a risk assessment. At-risk pregnancies need to be referred to Paramount's Case Management Program for follow-up.

### Follow-Up Visits

Screenings	Lab Studies	Assessment/Education
Weight Blood pressure Fundal height Fetal heart tones Fetal movement (to be recorded each visit during the second and third trimester) Dipstick urinalysis Presence of contractions Presence of edema 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 hemoglobin <10 or hematocrit <32) Iron studies if low MCV Hemoglobin electrophoresis—recommended if indicated One-hour glucose tolerance test at 28 weeks Group B strep, gonorrhea, chlamydia at 34–35 weeks Genetic studies (as indicated)	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. The frequency of follow-up visits is determined by the individual needs of the woman and assessment of her risks.

### Postpartum Visits

Screenings	Assessment/Education
Weight Blood pressure Breasts Abdomen	Interval history Assess adaptation to newborn Physical exam to evaluate status Breast-feeding
Pelvic exam Episiotomy repair Uterine involution Pap test (if needed)	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 or complicated gestation.

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 <b>and/or</b> Flexible sigmoidoscopy every 5 years <b>or</b> Colonoscopy every 10 years <b>or</b> 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 ( <b>especially fall prevention</b> ) 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 <a href="http://www.cdc.gov/nip">www.cdc.gov/nip</a> .
† 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 <b>and/or</b> Flexible sigmoidoscopy every 5 years <b>or</b> Colonoscopy every 10 years <b>or</b> 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 ( <b>especially fall prevention</b> ) 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 <a href="http://www.cdc.gov/nip">www.cdc.gov/nip</a> .
* 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](http://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, October 2007 to September 2008." 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](http://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 <b>and/or</b> Flexible sigmoidoscopy every 5 years <b>or</b> Colonoscopy every 10 years <b>or</b> 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 <a href="http://www.cdc.gov/nip">www.cdc.gov/nip</a> .
* 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 <b>and/or</b> Flexible sigmoidoscopy every 5 years <b>or</b> Colonoscopy every 10 years <b>or</b> 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 <a href="http://www.cdc.gov/nip">www.cdc.gov/nip</a> .
* 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](http://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, October 2007 to September 2008." 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
<b>Newborn</b>	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 (in hospital)	Blood pressure Vision screening
<b>3–5 days 48–72 hours post- discharge</b>	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)	Blood pressure Hearing screening Vision screening
<b>By 1 month</b>	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
<b>2 months</b>	Same as above	Same as above	(Hep B #2) Rotavirus #1 DTaP #1 Hib #1 PCV #1 IPV #1	Blood pressure Hearing screening Vision screening
<b>4 months</b>	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
<b>6 months</b>	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
<b>9 months</b>	Same as above	Same as above	Review and update. Refer to <a href="http://www.cdc.gov/vaccines/recs/schedules/default.htm#child">www.cdc.gov/vaccines/recs/schedules/default.htm#child</a> .	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 contribute to underimmunization, which, in turn, increases individual and community risks for vaccine-preventable disease. Immunizations/screenings in ( ) may need to be given/performed if not given/performed previously.

Guidelines are from the American Academy of Pediatrics' "Recommendations for Preventive Pediatric Health Care." 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, 2008."

**Pediatric** Preventive Health Care Guidelines, Paramount Care, Inc.

Early Childhood				
Age	Screenings	Assessment/Education	Immunizations*	Risk Assessment (if indicated)
<b>12 months</b>	Length/height and weight Head circumference Weight for length Hematocrit or hemoglobin Blood lead level for Medicaid Lead screening	Physical exam—unclothed History—initial/interval Development Psychosocial/behaviorial assessment Anticipatory guidance Oral health	(Hep B #3) DTaP #4 (6 months after third dose) Hib #4 PCV #4 (IPV #3) MMR #1 Varicella #1 Hep A #1 (2 doses, 6 months apart) Influenza—yearly	Blood pressure Hearing screening Vision screening Tuberculin test
<b>15 months</b>	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
<b>18 months</b>	Same as above	Physical exam—unclothed History—initial/interval Development Autism screening Psychosocial/behaviorial assessment Anticipatory guidance Oral health	(Hep B #3) (DTaP #4) (6 months after third dose) (IPV #3) (Hep A) (2 doses, 6 months apart) Influenza—yearly	Blood pressure Hearing screening Vision screening Hematocrit or hemoglobin Lead screening Tuberculin test
<b>24 months</b>	Length/height and weight Head circumference Body mass index (BMI) Blood lead level for Medicaid Lead screening	Same as above	Review and update. Refer to <a href="http://www.cdc.gov/vaccines/recs/schedules/default.htm#child">www.cdc.gov/vaccines/recs/schedules/default.htm#child</a> .	Blood pressure Hearing screening Vision screening Hematocrit or hemoglobin Tuberculin test Dyslipidemia screening
<b>30 months</b>	Length/height and weight BMI	Physical exam—unclothed History—initial/interval Development Psychosocial/behaviorial assessment Anticipatory guidance Oral health	Same as above	Blood pressure Hearing screening Vision screening
<b>3 years</b>	Length/height and weight BMI Blood pressure Vision screening	Same as above	(Hep A) (2 doses, 6 months apart) Refer to <a href="http://www.cdc.gov/vaccines/recs/schedules/default.htm#child">www.cdc.gov/vaccines/recs/schedules/default.htm#child</a> .	Hearing screening Hematocrit or hemoglobin Lead screening Tuberculin test
<b>4 years</b>	Length/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 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 contribute to underimmunization, which, in turn, increases individual and community risks for vaccine-preventable disease. Immunizations/screenings in ( ) may need to be given/performed if not given/performed previously.

Guidelines are based on the American Academy of Pediatrics' "Recommendations for Preventive Pediatric Health Care." 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, 2008."

**Pediatric** Preventive Health Care Guidelines, Paramount Care, Inc.

Middle Childhood				
Age	Screenings	Assessment/Education	Immunizations*	Risk Assessment (if indicated)
<b>5 years</b>	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) (Hep A)	Hematocrit or hemoglobin Lead screening Tuberculin test Urinalysis
<b>6 years</b>	Same as above	Physical exam—unclothed History—initial/interval Development Psychosocial/behaviorial assessment Anticipatory guidance Oral health	(DTaP #5) (IPV #4) (MMR #2) (Varicella #2) (Hep A) Influenza—yearly	Hematocrit or hemoglobin Lead screening Tuberculin test Dyslipidemia screening Urinalysis
<b>7 years</b>	Height and weight BMI Blood pressure	Physical exam—unclothed History—initial/interval Development Psychosocial/behaviorial assessment Anticipatory guidance	Review and update. Refer to <a href="http://www.cdc.gov/vaccines/recs/schedules/default.htm#child">www.cdc.gov/vaccines/recs/schedules/default.htm#child</a> .	Vision screening Hearing screening Hematocrit or hemoglobin Tuberculin test Urinalysis
<b>8 years</b>	Height and weight BMI Blood pressure Vision screening Hearing screening	Same as above	Same as above	Hematocrit or hemoglobin Tuberculin test Dyslipidemia screening Urinalysis
<b>9 years</b>	Height and weight BMI Blood pressure	Same as above	Same as above	Vision screening Hearing screening Hematocrit or hemoglobin Tuberculin test Urinalysis
<b>10 years</b>	Height and weight BMI Blood pressure Vision screening Hearing screening	Same as above	Same as above	Hematocrit or hemoglobin Tuberculin test Dyslipidemia screening Urinalysis

Adolescence				
Age	Screenings	Assessment/Education	Immunizations*	Risk Assessment (if indicated)
<b>11–21 years</b>	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 (ages 11–12) MCV4 (ages 11–12) HPV series of 3 (ages 11–12) (Hep B series) (IPV series) (MMR series) (Varicella series) (Hep A) Influenza—yearly (ages 11–18)	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 contribute to underimmunization, which, in turn, increases individual and community risks for vaccine-preventable disease. Immunizations/screenings in ( ) may need to be given/performed if not given/performed previously. 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." 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 7–18 Years, United States, 2008."