# **Plantation Family Medical, LLC**

# Preventative Services Education Sheet

The promotion of healthy lifestyles and the early identification of potential health risks will benefit you and are important to us. In accordance with the current United States Preventative Services Task Force (USPSTF) guidelines, we have put together the following information for your guidelines. Please read this preventative education sheet and feel free to discuss any of the topics with your physician. Only you can take appropriate actions to maintain your health and wellbeing.

#### 1. Lifestyle Changes:

### Diet and Exercise

A healthy diet and regular exercise are the most effective ways to maintain good health, longevity and increase your quality of life. Choose a diet low in saturated fat, cholesterol, sugar and salt: eat plenty of vegetables, fruits, grains which provide vitamins, minerals and fibers, lean meats, pastas, etc. Twenty minutes of exercise, three times a week (i.e., walking, swimming, etc.) will keep your heart and bones healthy.

#### Substance Abuse

Use of tobacco is known to cause heart disease, strokes and lung cancer. Excessive alcohol intake is associated with many illnesses, including cancer, liver disease and impaired judgement (as in driving). Illicit drug use has many risks such as AIDS, hepatitis, heart problems, and mental and social disorders.

#### · Sexual Behavior

Certain sexual practices (i.e., promiscuity, unprotected sex) can expose you to potentially fatal disease such as AIDS, STD's (sexually transmitted diseases) and other common infections.

## • Excessive Sun Exposure

Causes skin cancer: always wear sunscreen when exposed to the sun. The higher the SPF (sun protection factor) you use, the higher the protection level against the ultraviolet rays.

## • Injury Prevention

Take advantage of the many safety products that are important in preventing serious injury. These include seat belts, bicycle helmets and other protective gear, safe work habits (lifting, bending, etc), smoke detectors, firearm safety, water safety practices for adults and children, CPR training for household members, etc, poison prevention.

#### • Dental Health

Brush and floss regularly: see your dentist for routine visits every six months.

#### 2. Physical Examination - Preventative Measures

(may vary according to age and specific needs):

# Birth - 6 years:

- Newborn: hemoglobin, PKU, thyroid screening
- Childhood immunizations: check with your pediatrician
- Well child checkup

### 6 years - 18 years:

- Immunizations (booster shots)
- Well child & adolescent checkups (safe sexual practices, injury prevention, i.e., seat belts, bicycle helmets, substance abuse, smoking etc.)

### 19 years - 39 years:

- Routine physicals every 5 years to include pap smears, blood pressure, testicular exam, cholesterol screening (if appropriate)
- Adoption of healthy lifestyle practices (i.e., diet, exercise, smoking cessation, etc.)
- Immunization boosters (tetanus, diphtheria, acellular pertussis every 10 years)

## 40 years - 64 years:

- Routine physicals every year including mammograms, colonoscopy, blood pressure, cholesterol screening, estrogen replacement therapy for postmenopausal women, prostate exams, testicular exams, stool tests for occult blood and self-breast exam instructions.
- Adult immunizations (tetanus, diphtheria, acellular pertussis boosters every 10 years)

**Print Name** 

# 65 + years:

Signature

• Routine physicals every year to include as above (40-64 years) as well as influenza vaccine every year, pneumovax once in a lifetime and tetanus, diphtheria, acellular pertussis booster every 10 years)

### 3.Advance Directives:

3.Advance Directives:
A document called a Living Will advises your family & physicians of your desires should you become incapacitated and unable to make decisions regarding your healthcare.
Have you prepared a Living Will? Yes No
The foregoing recommendations are for healthy individuals without symptoms of illness. Special conditions may change the frequency and type of tests you desire.
Please sign below to acknowledge that you have read and understand this information.

Date