PREVENTIVE HEALTH CHECKLIST FOR WOMEN

	Service	My Age						Ham Often 3
		20s	30s	40s	50s	60s	70s +	How Often?
SCREENING TESTS	Pap tests for cervical cancer	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark		Every 3 to 5 years
	Mammograms for breast cancer			V	V	\checkmark	\checkmark	Every 1 to 2 years
	Lung cancer screenings for smokers				V	\checkmark	\checkmark	Ask your provider
	Colonoscopies for colon cancer			$\overline{}$	$\overline{}$	\checkmark	$\overline{}$	Every 5 to 10 years
SCF	DEXA scans for bone density					\checkmark	\checkmark	Once
	Mental health	$\overline{}$	$\overline{}$	$\overline{}$	$\overline{}$	\checkmark	$\sqrt{}$	Every year
	Sexually transmitted infections	\checkmark						Ask your provider
	HPV	$\sqrt{}$						Once (2-3 doses)
	Flu	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	Every year
VACCINES	COVID-19	$\overline{}$	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	Ask your provider
VACC	Shingles				V	\checkmark	\checkmark	Once (2-3 doses)
	Pneumonia					$\sqrt{}$	\bigvee	Once
	Tetanus	\checkmark	\bigvee	\checkmark	\checkmark	\checkmark	\checkmark	Every 5-10 years; or when pregnant
OLE HEALTH WELLNESS	Tobacco use counseling and help quitting	Recommended for everyone who smokes						Smokers - every checkup
	Healthy alcohol use counseling	Recommended for everyone who drinks alcohol						Every checkup or as needed
HOLE WEL	Diet and exercise support	Recommended for everyone						Every checkup or as needed

Recommended for everyone

Work with your primary care provider to create a prevention plan designed for you. For questions about women's health services or to get connected with your local VA, call or text the Women Veterans Call Center at 855-829-6636.

Health checkups

and lab tests



Ask your provider

MY HEALTH RECORDS

My Health Care Team:

My Name:

Phone Number:

Screening Test	Date Received	Next Steps
Vaccine	Date Received	Next Steps
Notes:		