



Keith S. Defever, M.D.
 Thomas G. Graves, M.D.
 Dennis M. Ramus, M.D.

Eileen R. Hopman, M.D.
 Anna K. Demos, M.D.
 P. Gregory Rowsell, M.D.

Paul Paonessa, M.D.

Bay Area Family Physicians, P.C.

34301 23 Mile Road, Suite 100 New Baltimore, Michigan 48047 (586) 725-1770

Dear Patient,

We believe in the practice of preventative medicine. Your doctor recommends the following tests to screen for diseases such as cancer and heart disease. **Please read this list carefully.** Make sure you have each exam recommended at the appropriate time interval. By following these guidelines you may someday save your life!

HEALTH SCREENING GUIDELINES

<u>TEST</u>	<u>AGE</u>	<u>FREQUENCY</u>
WOMEN:		
Skin Cancer Evaluation	All Ages	At least yearly
Pap smear/pelvic exam	18 years old (or age at first sexual intercourse if before 18)	Annually
Breast exam by doctor	20 years old	Annually
Self breast exam	20 years old	Monthly
Mammogram	35-40 years old (baseline)	Once
	Over 40 years old	Annually
Digital rectal exam	40 years old	Annually
Sigmoidoscopy	50 years old then every 5 years	Once at 50 then every 5 years.
Stool testing for blood	50 years old	Annually
Chest x-ray and EKG	Ask your doctor	Ask your doctor
Bone Density	50 years old (or at the time of menopause regardless of age)	Every 2 years
Stress Test	Ask your doctor	Ask your doctor
Carotid Doppler	Ask your doctor	Ask your doctor

MEN:

Skin Cancer Evaluation	All Ages	At least yearly
Digital rectal/prostate exam	40 years old	Annually
Prostate Specific Antigen (PSA-blood test)	50 years old	Annually
Sigmoidoscopy	50 years old then every 5 years	Once at 50 then every 5 years.
Stool Testing for blood	50 years old	Annually
Chest x-ray and EKG	Ask your doctor	Ask your doctor
Stress Test	Ask your doctor	Ask your doctor
Carotid Doppler	Ask your doctor	Ask your doctor

I understand that if diseases are found earlier, they may be easier to treat. **These health screening tests could save my life and/or save me from permanent disability.** I have read and have been given a copy of this form for my own records.

 (Patient Signature)

 (Date)