



# PREVENTIVE CARE FOR MEN: YOUR HEALTH PLAN

## What is preventive care?

Preventive care is what you do to avoid getting sick or keep a sickness from getting worse. It's about taking small actions now, even if you do not currently have an illness or symptoms. To get good preventive care, you need to:

1. Know and understand your risk factors
2. Have regular check-ups with your primary care provider
3. Get screened for cancer and other health problems
4. Get immunized
5. Practice healthy lifestyle habits

A preventive care visit is not the same as visiting your doctor when you are sick or to manage an ongoing condition. Instead, this is a separate visit that lets you and your doctor talk about your health goals and make an action plan.

## Why is preventive care important?

Preventive care is an important part of your long-term health and wellness. It puts you in charge of your health today and helps you understand how to protect your health in the future. Preventive care also helps you:

- Prevent disease
- Detect disease early when it is easiest to treat
- Save time, money, and stress when managing your health



## How to use this plan

Preventive care doesn't need to be difficult. This plan will help you know what to do, how often, and where to go. Here's how to get started:

- Fill out the risk factor checklist to learn more about your personal risk.
- See pages 2, 3 and 4 to learn more about the tests, screenings, and immunizations you will need. These services are covered by most insurance programs at no cost to you.
- See page 5 to review your everyday health habits and make a plan for simple and easy things you can do to improve your health right away.

## STEP 1: KNOW YOUR RISK FACTORS

Risk factors are conditions or habits that make you more likely to get a disease. If you know and understand your risk factors, you will be able to make better decisions about your health. Your risk factors are influenced by these things:

- **Your personal health history** – mark the conditions that have been a problem in the past:
  - ☐ high blood pressure
  - ☐ high cholesterol
  - ☐ overweight
  - ☐ signs of depression
  - ☐ signs of cardiovascular disease
  - ☐ high glucose/diabetes
  - ☐ cancer, type: \_\_\_\_\_
  - ☐ glaucoma
  - ☐ abdominal aortic aneurism (AAA)

My Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
DOB: \_\_\_\_\_

MRN: \_\_\_\_\_  
Today's Date: \_\_\_\_\_



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- **Your family history** – list the diseases that have affected your family members (grandparents, parents, siblings).

| What? | Who?  | At what age? |
|-------|-------|--------------|
| _____ | _____ | _____        |
| _____ | _____ | _____        |
| _____ | _____ | _____        |

- **Your lifestyle** – check off any risky habits that apply to you

- ☐ lack of physical activity or long periods of sitting
- ☐ tobacco use
- ☐ alcohol use (more than 2 drinks a day)

## STEP 2: HAVE REGULAR HEALTH CHECK-UPS

Regular check-ups with your primary care provider help you and your doctor understand your overall health. When you know this information, you can work with your doctor to create a plan for what to do about it.

| Health Check  | When & Where  | Your Results   |
|---|---|--|
| <b>My health check</b>  | <input type="checkbox"/> Dr. Aaron Starbuck<br><input type="checkbox"/> Dr. Tom Carn<br><input type="checkbox"/> Dr. Scott Peterson<br><input type="checkbox"/> Rebekah Griffin, NP<br><input type="checkbox"/> Other Provider _____  | Date of check _____ <input type="checkbox"/> Today<br><br><b>Due for next health check:</b><br><input type="checkbox"/> Date _____<br><input type="checkbox"/> In one year   |
| <b>Body mass index (BMI) and waistline</b><br>BMI is a formula that uses your height and weight to estimate your body fat. Even if your BMI is normal, extra fat around your waist can lead to health problems. Try to keep your waistline under 40 inches. | <input type="checkbox"/> Check every year.<br><input type="checkbox"/> You can do this yourself. Find a BMI calculator or chart online to determine your BMI.<br><input type="checkbox"/> Measure your waist at home.   | BMI _____ Date _____<br><br><input type="checkbox"/> <b>Normal range:</b> Between 18.5 and 25, and waist below 40 inches<br><input type="checkbox"/> <b>Overweight:</b> Between 25 and 30, or waist over 40 inches<br><input type="checkbox"/> <b>Obese:</b> 30 and above, or waist over 40 inches                     |
| <b>Blood pressure (BP)</b><br>High blood pressure can strain your arteries and heart and can restrict blood flow to and from other body organs. This can lead to heart disease, stroke, kidney disease, and other problems.                                 | <input type="checkbox"/> Check at least every 3 years, yearly if over 40, African American, overweight, or borderline high BP.<br><input type="checkbox"/> This can be done in many places, including the doctor's office, pharmacy, or at home.<br><input type="checkbox"/> If BP is high, check at medical office to confirm and treat. | BP _____ / _____ Date _____<br><br><input type="checkbox"/> <b>Normal:</b> Less than 130/80<br><input type="checkbox"/> <b>Borderline high:</b> Between 130/80 and 140/90<br><input type="checkbox"/> <b>High:</b> 140/90 or higher  |
| <b>Cholesterol</b><br>High cholesterol puts you at risk for heart attack and stroke.  | <input type="checkbox"/> Check at least every 5 years, more often if you have heart disease or other risk factors.<br><input type="checkbox"/> Have this done by a healthcare provider.   | Total Cholesterol _____ Date _____<br>HDL _____ LDL _____<br><br>General goals: are total <200; HDL >40 and LDL <100, however what counts as normal for you depends on your risk factors, so discuss your results with your doctor:<br><br><input type="checkbox"/> <b>Normal</b> <input type="checkbox"/> <b>High</b> |



|   |   |   |
|---|---|---|
| <b>Glucose (blood sugar)</b><br>High glucose puts you at risk for diabetes and certain hormone problems.  | <input type="checkbox"/> Check if your doctor recommends it.<br><input type="checkbox"/> Have this done by a healthcare provider.   | Fasting blood glucose date _____<br><input type="checkbox"/> <b>Normal range:</b> between 70 and 99<br><input type="checkbox"/> <b>Prediabetes:</b> Between 100 and 125<br><input type="checkbox"/> <b>Diabetic:</b> over 125 <b>OR</b><br>A1c date _____<br><input type="checkbox"/> <b>Normal range:</b> below 5.7%<br><input type="checkbox"/> <b>Prediabetes:</b> Between 5.7% and 6.4%<br><input type="checkbox"/> <b>Diabetic:</b> 6.5% or over |
| <b>Chlamydia</b><br>Chlamydia is a sexually transmitted infection. It can have no symptoms or cause pain, fever, and (rarely) sterility.  | <input type="checkbox"/> Check at least yearly if you have high-risk sexual activity or if your doctor recommends it.<br><input type="checkbox"/> Have this done by providing a urine sample at your doctor's office. | Date _____<br><input type="checkbox"/> <b>Negative result</b> (I do not have chlamydia)<br><input type="checkbox"/> <b>Positive result</b> (I have chlamydia)   |
| <b>Depression &amp; anxiety</b><br>Ask yourself these two questions:<br>#1 During the past month, have I been feeling down, depressed, hopeless, had little interest or pleasure in doing things?<br>#2. During the past month, have I felt nervous, anxious, on edge or not been able to stop or control worrying? | <input type="checkbox"/> Check when you feel it is necessary.<br><input type="checkbox"/> You can do this yourself or by talking to your doctor.  | Date _____<br><input type="checkbox"/> <b>Not at risk:</b> I answered "no" to both questions.<br><input type="checkbox"/> <b>At risk:</b> I answered "yes" to one or both questions<br><br>If you are at risk, talk to your doctor as soon as possible.   |
| <b>Hepatitis C</b><br>Hepatitis C is a contagious liver disease. If left untreated, it can lead to serious liver problems or liver cancer.  | <input type="checkbox"/> Check once if you were born between 1945 and 1965.<br><input type="checkbox"/> Have this done by a healthcare provider.  | Date _____<br><input type="checkbox"/> <b>Negative result</b> (I do not have hepatitis C)<br><input type="checkbox"/> <b>Positive result</b> (I have hepatitis C)   |
| <b>Glaucoma</b><br>Glaucoma is a condition where fluid pressure inside your eye slowly rises and damages your optic nerve. It's a leading cause of blindness.   | <input type="checkbox"/> Check every 2 years starting at age 65; start at age 40 if at high risk.<br><input type="checkbox"/> See an optometrist or ophthalmologist to check for glaucoma.                            | Date _____<br><input type="checkbox"/> <b>Normal pressure</b><br><input type="checkbox"/> <b>High pressure</b>  |
| <b>AAA (abdominal aortic aneurism)</b><br>AAA is a bulge in your abdominal aorta, the largest artery in your body. If it bursts, it can cause serious bleeding and death. It is most common in people who have smoked.  | <input type="checkbox"/> Check once between age 65 and 75 if you've ever been a smoker.<br><input type="checkbox"/> You may have this done at your doctor's office or radiology (imaging center).                     | Date _____<br><input type="checkbox"/> <b>Normal range:</b> 3 centimeters (cm) or smaller<br><input type="checkbox"/> <b>Small to medium:</b> Between 3 and 5.4 cm<br><input type="checkbox"/> <b>Large:</b> 5.5 cm and larger  |



### STEP #3: GET SCREENED FOR CANCER

If you catch cancer early enough, there's usually a lot you can do to get rid of it or slow down the spread. If you catch it too late, it's often deadly. Getting screened gives you more control.

| Cancer Screening   | When & Where  | Your Results |  |               |               |
|--|---|--------------|--|---------------|---------------|
| <b>Colon cancer</b><br>There are 3 different types of screening tests, all done on different schedules. If you've had a positive test in the past, future tests may need to be done more often than recommended here.  | <input type="checkbox"/> Check between ages 50 and 75.<br><input type="checkbox"/> Call your insurance provider to find out where to go.  | Date_____    | Type of test_____  | Results_____  | Next due_____ |
| <b>Prostate Cancer</b><br>Because prostate cancer grows very slowly, there's not enough evidence to show that all men benefit from regular screening. Starting at age 45, talk with your doctor about your personal risk factors and whether you should be screened.     | <input type="checkbox"/> Check if your doctor recommends it.<br><input type="checkbox"/> Your doctor can perform this screening.  | Date_____    | Results_____   | Next due_____ |               |
| <b>Testicular cancer</b><br>Testicular cancer is most common in men between ages 20 and 34. Be aware of how your testes look and feel so you can report changes to your doctor. Check for any hard lumps or any change in the size, shape, feel, or color of the testes. | <input type="checkbox"/> If you notice changes, see your doctor for screening.  | Date_____    | Results_____   | Next due_____ |               |
| <b>Skin cancer</b><br>Skin cancer is most often caught during a self-check. Look and feel for moles or freckles that are irregular in color or shape or moles that are changing in shape or size.  | <input type="checkbox"/> If you notice changes, see your doctor for screening.<br><input type="checkbox"/> Reduce your risk with sun-protective behaviors, including seeking shade, avoiding the sun during peak hours (10 am – 2 pm), wearing a wide-brimmed hat, covering up exposed skin, and use sunblock with SPF 30 or higher. Avoid getting sunburns and using tanning beds. | Date_____    | <input type="checkbox"/> Home Check<br><input type="checkbox"/> Doctor Check | Results_____  | Next due_____ |
| <b>Lung cancer</b><br>People with a long history of smoking are at increased risk for lung cancer and may benefit from screening.  | <input type="checkbox"/> Current or past smokers age 55 or older, check if your doctor recommends it.<br><input type="checkbox"/> You can get screened using a low-dose CT scan at an imaging or radiology center.  | Date_____    | Results_____   | Next due_____ |               |



## STEP #4: GET IMMUNIZED

Immunizations can be done in a doctor's office, pharmacy, or at a local health department. Flu immunizations are also available at many grocery stores and workplaces. If you receive any immunizations outside of our office please notify us so we can keep a complete record for you.

| Immunization   | When  | Completed   |
|--|---|---|
| <b>Flu</b> is a virus that changes every year, so the immunization you got last year won't help this year. Flu is a serious illness. Every year many people end up in the hospital, and some die from the flu.   | <input type="checkbox"/> Every fall or winter   | Date _____<br>Date _____<br>Date _____  |
| <b>HPV</b> is an immunization against human papillomavirus. Genital HPV is the most common sexually transmitted infection and can cause genital cancer. It is given as a series of 2 or 3 doses over a period of 6 months. The number of doses depends on your age when you start. | <input type="checkbox"/> Before age 26<br><input type="checkbox"/> If you have not received this immunization and are between the ages of 27 and 45 discuss with your doctor.                         | First dose _____<br>Second dose (in 2 months) _____<br>Third dose (in 4 months) _____ |
| <b>Td booster or Tdap*</b> is an immunization against tetanus and diphtheria, which are both uncommon infections now. The bacteria that cause them are still common, though, and the illnesses can be life-threatening.  | <input type="checkbox"/> Every 10 years   | Date _____  |
| <b>Pneumonia</b> is an infection in your lungs that is usually caused by a type of bacteria. It's a serious illness, especially among older adults.  | <input type="checkbox"/> One time before 65 if you smoke or have asthma, COPD, heart disease, or diabetes<br><input type="checkbox"/> After age 65, 1 dose Prevnar and 1 dose Pneumovax, a year apart | One-time date _____<br>Prevnar _____<br>Pneumovax _____                               |
| <b>Zoster*</b> is an immunization against shingles (a painful rash) and post-herpetic neuralgia (pain after the rash that may last for months). It is given in a series of two doses   | <input type="checkbox"/> After age 50   | First dose _____<br>Second dose (in 2 months) _____                                   |
| <b>Other immunizations,*</b> such as hepatitis B, chickenpox, and MMR should be completed if you didn't get the vaccination as a child. If you are a healthcare worker or teacher, you should also have a hepatitis A and meningococcal vaccine.                                   | <input type="checkbox"/> If not completed as a child  | Immunization _____<br>Date _____<br>Immunization _____<br>Date _____                  |

\*May not be covered by Medicare.



## STEP #5: PRACTICE HEALTHY HABITS AND SAFETY

Above all, having healthy habits every day is the best thing you can do to maintain good health and energy. The habits below are important. Mark how you're doing in the following areas:

Doing  
great

Need to  
do better

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Get at least 150 minutes of physical activity a week. Reduce time sitting. |
| <input type="checkbox"/> | <input type="checkbox"/> | Eat 2 cups of fruit and 2-3 cups of vegetables every day.                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Stay hydrated. Drink enough water so that your urine is light-colored.     |
| <input type="checkbox"/> | <input type="checkbox"/> | Sleep 7 to 8 hours every night.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Don't use tobacco.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Limit alcohol to 2 drinks a day or less.                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Wear a seat belt when driving or a helmet when riding.                     |

## WHAT'S NEXT?

It may seem like there is a lot to think about with your health. Start with baby steps and find small things you can do today to improve your health and wellness. Write your action plan using the space below, then pat yourself on the back!

1. Know your risk (For example, ask your father at what age he started taking cholesterol medication.)  
\_\_\_\_\_
2. Have regular health checks (For example, have your blood pressure checked next time you're at a medical office.)  
\_\_\_\_\_
3. Get screened for cancer (For example, call your insurance company to find out where you can go for a colonoscopy.)  
\_\_\_\_\_
4. Get immunized (For example, if it's fall or winter, get a flu shot.)  
\_\_\_\_\_
5. Practice healthy habits (For example, go for a walk or a run today.)  
\_\_\_\_\_



## FOLLOW YOUR DOCTOR'S RECOMMENDATIONS

Based on your tests and screenings, your doctor may recommend activities, diet changes, or medications. Follow those recommendations to help prevent illness and improve your health.



## NOTES

[illegible]

