



Renaissance Medical Center Health Screening Policy

Date: ____/____/____

Health screening tests are done to determine the possible presence of a disease or other health issues. Health screenings are often conducted routinely as a preventive measure, or may be performed when there is reason to suspect a particular health problem exists. The following is a list of screenings that is expected to be performed as a patient of Renaissance Medical Center.

For women between the ages of 20 and 39, the following screenings are required:

- Pelvic exam: every year.
- Pap Smear: every year until three satisfactory tests have been completed, and then at the doctor's discretion.
- Breast exam: at least every three years.
- Skin Test: at least every three years.

For women between the ages of 40 and 49, the following health screenings are required:

- Skin test: every year
- Breast exam: every year
- Pelvic exam: every year
- Pap Smear: every year (or at the doctor's discretion)
- **Mammography: every one to two years (depending on risk)**

After age 50, women should have the following screenings:

- Skin test: every year
- Breast exam: every year
- Mammogram: every year
- Fecal occult blood test: every year
- Pelvic exam: every year
- Pap Smear: yearly (or at the doctor's discretion)
- Bone mineral density test: once as a baseline then every two years
- Colorectal cancer test: "Colonoscopy" and repeated every 5 year minimal depending on individuals results.

Men between the ages of 40 and 49 should have screenings for:

- Skin test: every year
- Prostate specific antigen (PSA) test: every year more frequently if on Testosterone replacement therapy.
- Digital rectal exam: (to check for the possibility of prostate cancer) every year

Men who are 50 years or older should have the following screenings:

- Colorectal cancer test: "Colonoscopy" every five years minimal depending on individual's results.

Please list the date of the last screening test performed that coincides with your age group and results:

I have been given an opportunity to ask all questions I desire regarding the matters covered in the preceding paragraphs and these questions have been answered to my satisfaction. I have read thoroughly and understand what health screening tests are expected of me being a patient at Renaissance Medical Center, P.C.

Signature: _____ Date: ____/____/____

Print Name: _____ Date: ____/____/____