

## TIPS FOR HEALTHY LIVING

- If you smoke, quit!
- Eat a healthy diet.
- Get to and maintain a healthy weight.
- Be physically active.
- Limit your alcoholic beverages.
- Take all medications as directed by your doctor.

Helpful website:  
[www.aetna.com](http://www.aetna.com)

## Preventive care recommendations for women ages 18 – 39 at average risk

- **Blood Pressure:** Periodically, starting at age 18.
- **Height, Weight/BMI:** Periodically, starting at age 18.
- **Pap Smear:** Every 1–2 years beginning at age 21 or earlier if sexually active. If you are age 30 or older, have a Pap smear every 2 to 3 years after 3 consecutive normal results or HPV DNA test plus a Pap smear every 3 years if results of both tests are negative. Talk to your doctor about this recommendation.

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- **Gynecologic Exam:** Annually, to assess risk factors and make screening recommendations.
- **Breast Exam:** Every 3 years by a health care provider. Speak to your doctor about breast self-exam; report any breast changes promptly to your doctor.
- **Chlamydia Test:** Routinely, if sexually active and age 25 years and younger.
- **STD Test:** At any age, have STD tests if you have multiple sexual partners, a partner with multiple sexual partners, sexual contact with a person with an STD or a person with a history of an STD.
- **Skin (Mole) Exam:** Monthly mole self-exam, and by a health care professional every 3 years starting at age 20.
- **Tetanus-Diphtheria Vaccine:** Every 10 years, starting at age 18.
- **History of Rubella Vaccine or Rubella Blood Test (Titer):** For women of childbearing age, discuss this vaccine with your doctor.
- **Alcohol Misuse Screening and Behavioral Health Counseling Intervention:** Routinely, starting at age 18.
- **Depression Screening:** Routinely, starting at age 18.

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## Taking Care of Your Health

YOUR NAME

YOUR MEMBER ID NUMBER

YOUR DOCTOR'S NAME

YOUR DOCTOR'S PHONE NUMBER

To print additional copies of this card, go to:  
[www.aetna.com/products/health\\_check.html](http://www.aetna.com/products/health_check.html).

We want you to know<sup>SM</sup>



[www.aetna.com](http://www.aetna.com)

TEST OR EXAM	HOW OFTEN	DATE/RESULTS	DATE/RESULTS																								
Blood Pressure																											
Height/Weight/BMI																											
Pap Smear																											
Gyn Exam/ Breast Exam by Health Care Provider																											
Breast Self-Exam (BSE)	Monthly	<table border="1"> <tr><td>J</td><td>F</td><td>M</td><td>A</td><td>M</td><td>J</td></tr> <tr><td>J</td><td>A</td><td>S</td><td>O</td><td>N</td><td>D</td></tr> </table>	J	F	M	A	M	J	J	A	S	O	N	D	<table border="1"> <tr><td>J</td><td>F</td><td>M</td><td>A</td><td>M</td><td>J</td></tr> <tr><td>J</td><td>A</td><td>S</td><td>O</td><td>N</td><td>D</td></tr> </table>	J	F	M	A	M	J	J	A	S	O	N	D
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