

# Your Prescription for Better Health



Name \_\_\_\_\_ Date \_\_\_\_\_

## EAT HEALTHIER

- Less fast food (no more than twice/week)
- Smaller serving sizes-*bigger is not better*
- 5 servings of fruits & veggies daily
- Drink water instead of soda or sweet tea
- Use low-fat dairy products (1% or less)
- Limit alcohol use

## DO NOT USE TOBACCO

Contact the Quit Line  
**1-800-QUIT-NOW**  
[www.quitlineNC.com](http://www.quitlineNC.com)

## BE MORE ACTIVE

Decrease the amount of time you and your family watch TV  
*Choose to Move More everyday*

## FOR CHILDREN:

- Spend at least 1 hour a day being physically active.
- Limit use of TV and video games to no more than 1-2 hours a day.

\_\_\_\_\_  
SIGNATURE

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# Which Screenings, Tests, and Shots Do I Need?

## CANCER SCREENING

- Breast Cancer  
*(Women 50-74; every 2 yrs)*
- Cervical Cancer  
*(Women 21-64; every 2-3 yrs)*
- Colorectal Cancer  
*(All 50-74; colonoscopy every 10 yrs or IFOBT every year)*

## IMMUNIZATIONS

- HPV  
*(Women 11-26; 3 doses)*
- Influenza  
*(Yearly)*
- Pneumococcal  
*(1 dose after age 65)*
- Tdap  
*(1 Tdap dose for all; Tetanus every 10 yrs)*

## OTHER SCREENING

- Cholesterol (Lipids)  
*(Men start at age 35; women start at age 45)*
- Type 2 Diabetes  
*(Adults with BP>135/80)*
- HIV  
*(Ages 13-64 once)*
- Depression  
*(Yearly)*
- Dental Exams  
*(Every six months)*

## For Patients Living with Diabetes

- A1C *(Twice per year)*
- Cholesterol (Lipids) *(Yearly)*
- Kidney Testing - microalbumin/creatinine ratio *(Yearly)*
- Dilated Eye Exam *(Yearly)*
- Comprehensive Foot Assessment *(Yearly)*
  - Foot check at every visit

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