

Complete this list and bring it to your next appointment.<sup>1</sup>

<b>COVID-19 Vaccination</b>	<b>Date Completed</b>
<input type="checkbox"/> Dose 1	_____
<input type="checkbox"/> Dose 2 (if applicable)	_____
<input type="checkbox"/> Dose 3 (if applicable)	_____

**Once a Year**

Flu Vaccine \_\_\_\_\_

**As Needed**

Shingles vaccine (Once, for those age 65 and older) \_\_\_\_\_

Pneumonia Vaccine (Talk to your primary care provider about your options) \_\_\_\_\_

Tetanus (Td), diphtheria, pertussis (Tdap) vaccine (Tdap once, then Td every 10 years) \_\_\_\_\_

**Annual Wellness Visit**

Blood pressure check \_\_\_\_\_

Height, weight and body mass index (BMI) \_\_\_\_\_

**As Recommended by Your Doctor**

Dental exam \_\_\_\_\_

Hearing exam \_\_\_\_\_

Eye exam \_\_\_\_\_

<b>For People with Diabetes</b>	<b>Date Completed</b>
<input type="checkbox"/> Hemoglobin A1c (HbA1c)	_____
<input type="checkbox"/> LDL cholesterol	_____
<input type="checkbox"/> Urine test for protein	_____
<input type="checkbox"/> Annual foot exam	_____
<input type="checkbox"/> Comprehensive eye exam with dilated retinal screening	_____
<input type="checkbox"/> Cholesterol Medication Discussion	_____

**As Needed**

Screening lipids for cardiovascular disease (Every 3–5 years OR based on your doctor's recommendation) \_\_\_\_\_

Fasting blood sugar \_\_\_\_\_

Colon cancer screening until age 75 with average risk factors.

- Colonoscopy (Every 10 years) OR
- CT Colonography (Every 5 years) OR
- Sigmoidoscopy (Every 5 years) OR
- Fecal occult blood testing (FOBT) (Yearly) OR
- FIT DNA (Every 3 years) \_\_\_\_\_

Normal     Abnormal

Mammogram (Every year after age 45; starting at age 55 it can change to every other year<sup>2</sup>) \_\_\_\_\_

Normal     Abnormal

Bone density test for osteoporosis (Initially at age 50, repeat every 2 years based on your doctor's recommendation.) \_\_\_\_\_

All recommendations except mammogram are from the U.S. Preventive Services Task Force. Screenings may be more frequent depending on risk factors. Check with your doctor.

<sup>1</sup> This is a list of suggested screenings. Coverage for these screenings may vary by plan.

<sup>2</sup> American Cancer Society, 2015.

**Complete this information and discuss these topics with your primary care provider.**

**Your provider will want to know...**

- In the past year, have you fallen or felt unsteady while standing or walking?  Yes  No
- Are you able to get appointments with your doctor or specialist when you need them?  Yes  No
- In the last month, has your emotional health (feeling anxious or depressed) interfered with your daily activities?  Yes  No
- Does your physical health interfere with daily activities?  Yes  No
- Have you ever smoked cigarettes or used other tobacco products?  
If yes, would you like to discuss options to quit using tobacco?  Yes  No
- In the last two weeks, have you forgotten to take your medications?  Yes  No
- In the past sixty days, have you experienced any bladder control problems?  Yes  No
- Have you completed advance directives or made someone your medical power of attorney?  Yes  No

**What questions do you or your family have for your primary care provider?**

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**Your prescription and over-the-counter medicines.**

Be sure to bring all of your prescriptions and over-the-counter medications in a bag to your next primary care provider appointment.

Drug Name	How Much I Take	Why I Take It

If you have questions about your medical plan, refer to your insurance ID card. You'll find a customer service phone number and a web address to search for answers. For Medicare members, if you have questions about your Medicare coverage, consult your *Medicare & You* booklet or visit <https://www.medicare.gov/medicare-and-you/medicare-and-you.html> or call 800.633.4227 (800 Medicare).