

Complete this list and bring it to your next appointment.¹

COVID-19 Vaccination

Date Completed

- Dose 1 _____
- Dose 2 (if applicable) _____
- 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 Pneumococcal 13 and Pneumococcal 23) _____
- 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 _____

For People with Diabetes

Date Completed

- Hemoglobin A1c (HbA1c) _____
- LDL cholesterol _____
- Urine test for protein _____
- Annual foot exam _____
- Comprehensive eye exam with dilated retinal screening _____
- 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) _____
- Mammogram (Every year after age 45; starting at age 55 it can change to every other year²) _____
 - 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.

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

² 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?

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.

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).