

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

COVID-19 Vaccination	Date Completed
<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 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
<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 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).