Banner Health Network

2021 Annual Care Checklist

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

Once a Year

	Date Done
☐ Flu shot	

Annual Wellness Visit

☐ Blood pressure check	
☐ Height, weight and body mass index (BMI)	

Annual Routine Physical Exam

☐ Physical examination	
☐ Fasting blood sugar	

For People with Diabetes

☐ Hemoglobin A1c (HbA1c)	
☐ LDL cholesterol	
☐ Urine test for protein	
☐ Annual foot exam	
☐ Comprehensive eye exam with dilated retinal screening	

As Recommended by Your Doctor

☐ Dental exam	
☐ Hearing exam	
☐ Eye exam	

As Needed

	Date Done
☐ Shingles shot (Once, for those age 65 and older)	
☐ Pneumonia Shot (Talk to your primary care provider about the two vaccines available)	
☐ Screening lipids for cardiovascular disease (Every 3–5 years OR based on your doctor's recommendation)	
☐ Tetanus (Td), diphtheria, pertussis (Tdap) vaccine (Tdap once, then Td every 10 years)	
☐ Colon cancer screenings One of these five: • Colonoscopy (Every 10 years, ages 50–75) OR • CT Colonography (Every 5 years, ages 50–75) OR • Sigmoidoscopy (Every 5 years, ages 50–75) OR • Fecal occult blood testing (FOBT) (Yearly, ages 50–75) OR • FIT DNA (Every 3 years, ages 50-75) ☐ Normal ☐ Abnormal	
☐ Mammogram (Every year after age 45; starting at age 55 it can change to every other year[2]) ☐ 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.

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

Questions to help you prepare for your visit.

In the past 12 months, have you had any problems with balance or falling?	☐ Yes	☐ No
Are you able to get appointments with your doctor or specialist when you need them?	☐ Yes	☐ No
Are you interested in talking with someone about any mental or emotional health concerns?	☐ Yes	☐ No
Have you talked to anyone about your level of exercise or physical activity in the last 12 months?	☐ Yes	☐ No
Have you ever smoked cigarettes or used other tobacco products?	☐ Yes	☐ No
Would you like to discuss options to quit smoking?	☐ Yes	☐ No
Over the past six months, have you experienced any bladder control problems?	☐ Yes	☐ No

Questions to ask your doctor.

_____

_____

_____

Your prescription and over-the-counter medicines.

Write down your medicines here. Be sure to bring all of these 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.MEDICARE (800.633.4227).