

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 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.

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.