

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

Once a Year

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

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 three:
• 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) _____

Mammogram
(Every year after age 45;
starting at age 55 it can
change to every other year²) _____

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 help when you want or need it? Yes No
- Are you interested in talking with someone about your feelings? Yes No
- Have you talked to anyone about your level of exercise or physical activity in the last 12 months? Yes No
- Over the past six months, have you experienced any bladder control problems? Yes No
- Would you like to talk through Five Wishes®, the first living will that talks about your personal, emotional and spiritual needs as well as your medical wishes? Yes No

Questions to help you prepare for your visit.

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)