

Annual care checklist

Please discuss these important topics with your health care provider

- Any problems with balance and falling
- Concerns about feeling down, your mental wellness and your emotional health
- Questions about your physical activity and how to stay active
- Any problems with bladder control

Date completed _____

Your path to better health begins with talking to your doctor. Your physical and mental health are important to us.

Action	Date completed
<input type="checkbox"/> Blood pressure check	
<input type="checkbox"/> Height, weight and body mass index (BMI)	
<input type="checkbox"/> Colon cancer screenings One of these five: <ul style="list-style-type: none">• Colonoscopy (every 10 years, ages 50–75)• CT colonography (every 5 years, ages 50–75)• Sigmoidoscopy (every 5 years, ages 50–75)• Fecal occult blood test (FOBT)(yearly, ages 50–75)• FIT-DNA test (every 3 years, ages 50–75) <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
<input type="checkbox"/> Breast cancer screening (at least every 2 years) <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	

Once a year

- Flu shot

Action	Date completed
<input type="checkbox"/> Physical examination	
<input type="checkbox"/> Fasting blood sugar	

For people with diabetes

- Hemoglobin A1c (HbA1c)
- LDL cholesterol
- Urine/blood test for protein
- Discuss the importance of statin use
- Comprehensive eye exam with dilated retinal screening

As needed

- Bone density test for osteoporosis
(based on your doctor's recommendation)

Personal prescriptions, over-the-counter medications and supplements

Write down your medications here. Include all over-the-counter items like cold medicine, pain relief and allergy formulas, even if you don't take them every day. When possible, be sure to bring them all in a bag to your next primary care provider appointment. Get the most benefit out of your medications by discussing these important topics:

- Any questions or problems you might be having with your medication
- 90-day supplies for maintenance medications

Medication name:	How much I take and how often:	Why I take it:
<i>Ex: Zocor</i>	<i>1 - 20mg pill every day</i>	<i>to lower cholesterol</i>

Questions you have for your doctor about your medications:

Ex: Are there side effects to this medication?

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

