

Preventive Care Checklist



MARTIN'S POINT
MEDICARE ADVANTAGE PLANS
GENERATIONS ADVANTAGE

Three easy steps to a healthier you!

1. **Take this form** with you to your next visit with your primary care provider (PCP).
2. **Ask IF and WHEN** you might need each screening/exam.
3. **Write down the date** you received, or will receive, each needed item.

KEEP THIS DETACHABLE CHECKLIST FOR YOUR OWN RECORDS to help you stay on track with your preventive care.

AT YOUR VISIT, TALK WITH YOUR DOCTOR ABOUT:

KNOW YOUR NUMBERS:

- Glucose or A1C Number _____
- Blood Pressure _____ / _____
- Body Mass Index (BMI) _____
- Cholesterol (LDL Value) _____

At your visit, TALK WITH your doctor about:

- ▶ Reviewing your current diagnosed conditions and medications
- ▶ How much physical activity is right for you
- ▶ What to do if you are feeling down or depressed
- ▶ How to manage any bladder control issues
- ▶ How to lower your risk of falling

*A Comprehensive Visit is an annual wellness exam scheduled back-to-back with a physical exam. **It's a convenient way to get two important preventive care visits in one appointment!**

APPOINTMENTS:

- | | |
|--|----------------------|
| <input type="checkbox"/> Comprehensive Visit* _____ | <input type="text"/> |
| <input type="checkbox"/> Medicare Wellness Visit _____ | <input type="text"/> |
| <input type="checkbox"/> Annual Physical Exam _____ | <input type="text"/> |
| <input type="checkbox"/> Annual Routine Eye Exam _____
(including dilated-eye exam) | <input type="text"/> |

DATE RECEIVED/ SCHEDULED

VACCINES:

- | | |
|--|----------------------|
| <input type="checkbox"/> Pneumonia Vaccine _____ | <input type="text"/> |
| <input type="checkbox"/> Flu Shot (yearly) _____ | <input type="text"/> |
| <input type="checkbox"/> Other _____ | <input type="text"/> |

DATE RECEIVED/ SCHEDULED

TESTS AND SCREENINGS:

- | | |
|--|----------------------|
| <input type="checkbox"/> Colorectal Cancer Screening _____ | <input type="text"/> |
| <input type="checkbox"/> Cardiovascular Screening _____ | <input type="text"/> |
| <input type="checkbox"/> Cholesterol Screening _____ | <input type="text"/> |
| <input type="checkbox"/> Diabetes Screening (foot exam, A1C test, kidney test) _____ | <input type="text"/> |

DATE RECEIVED/ SCHEDULED

For Men:

- | | |
|--|----------------------|
| <input type="checkbox"/> Prostate Cancer Screening _____ | <input type="text"/> |
|--|----------------------|

For Women:

- | | |
|--|----------------------|
| <input type="checkbox"/> Mammography Screening _____ | <input type="text"/> |
| <input type="checkbox"/> Bone Mass Measurement _____ | <input type="text"/> |

My Diagnosed Conditions

Ask your doctor to list each condition.

Medicine Tracker

Fill out this form and **bring it with you to your doctor** to help review your medications.

Medication Allergies:

**Pharmacy Name
and Location:**

Pharmacy

Phone Number:

Medication Name	When and how much to take?	What do you take it for?	Doctor/Prescriber

Medication Tips

Talk to your doctor, nurse, or pharmacist to understand what each medication is treating and why you are taking it.

Here are some questions you might ask:

- ▶ What is the name of the medication?
- ▶ Why am I taking it?
- ▶ When and how am I supposed to take it?
- ▶ How long am I supposed to take it?
- ▶ Should I avoid anything (food, driving, alcohol, other medications)?
- ▶ What are the side effects?
- ▶ What happens if I don't take it or if I miss a dose?

Here are some tips to help you take your medications correctly—especially if you take several:

- ▶ **Use a pill box** to count out your medications a week in advance. It's easier to see a missed dose.
- ▶ **Use an alarm** on your smart phone or watch to remind you when to take a dose.
- ▶ **Use a daily planner** to schedule your "medication appointments" to help you remember.
- ▶ **Request refills of prescriptions a few days before you run out** so you don't miss any doses.