

# Preventive Care Checklist



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.

## 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:

- |  | Date Received/<br>Scheduled |
|--|-----------------------------|
| <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 _____<br>(including dilated-eye exam) | <input type="text"/>        |

## Vaccines:

- |   | Date Received/<br>Scheduled |
|---|-----------------------------|
| <input type="checkbox"/> Pneumonia Vaccine _____  | <input type="text"/>        |
| <input type="checkbox"/> Flu Shot (yearly) _____  | <input type="text"/>        |
| <input type="checkbox"/> COVID-19 - Dose 1 _____  | <input type="text"/>        |
| <input type="checkbox"/> COVID-19 - Dose 2 _____  | <input type="text"/>        |
| <input type="checkbox"/> COVID-19 - Booster _____ | <input type="text"/>        |

## Tests and Screenings:

- |   | Date Received/<br>Scheduled |
|---|-----------------------------|
| <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 _____<br>(foot exam, A1C test, kidney test) | <input type="text"/>        |

## For Men:

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

## For Women:

- |  |                      |
|--|----------------------|
| <input type="checkbox"/> Breast Cancer Screening _____ | <input type="text"/> |
| <input type="checkbox"/> Osteoporosis Screening _____  | <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.

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