

My Wellness and Prevention Checklist

ARE YOU MAKING THE MOST OF YOUR OFFICE VISITS?
GETTING PREVENTIVE CARE IS KEY TO KEEPING HEALTHY.



Please take this health checklist to your doctor visit. Your doctor will review the list and provide advice on care or tests. There is space for you or your doctor to write notes on what was discussed. We hope this will be a useful tool for your health care and make the most of your visit.

**My next
appointment**



Physician name: _____

Phone number: _____

Patient's name: _____ Age: _____ Today's date: _____

Topics discussed with my doctor today

- Today's physical exam and lab results: _____

- Medication review and issues: _____

- Any pain and how to manage it: _____

- Emotional well-being and memory issues: _____

- Problems with physical or daily activities and exercise plan: _____

- Fall or balance issues and how to prevent them: _____

- Bladder control: _____

(continued)

Schedule these tests/shots:

Mammogram
Date: _____

Colorectal cancer screening
Date: _____

Bone density test
Date: _____



Eye exam
Date: _____



A1c test
Date: _____

Other
Date: _____

Flu shot
Date: _____



Pneumonia shot
Date: _____

Shingles shot
Date: _____

Health Net is contracted with Medicare for HMO and HMO SNP plans, and with some state Medicaid programs. Enrollment in Health Net depends on contract renewal.