

My Wellness and Prevention Checklist

*Are you making the most of your office visits?
Getting preventive care is key to keeping healthy.*



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:**

Notes: _____

- Medication review and issues:**

Notes: _____

- Any pain and how to manage it:**

Notes: _____

- Emotional well-being and memory issues:**

Notes: _____

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

Notes: _____

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

Notes: _____

- Bladder control:**

Notes: _____



Schedule these tests/shots:

- Mammogram**

Date: _____

- Flu shot**

Date: _____

- Eye exam**

Date: _____

- Colorectal cancer screening**

Date: _____

- Pneumonia shot**

Date: _____

- A1c test**

Date: _____

- Bone density test**

Date: _____

- Shingles shot**

Date: _____

- Other**

Date: _____

Dear Member,

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.

Sincerely,
Health Net

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注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-431-9007

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