



Annual Wellness Visit Checklist

Understanding your body plays a big role in your good health and wellness. This checklist can give you a clearer picture of your overall health. Use it to start a conversation with your health care provider. Together, you can create a plan to take care of any issues you may have, and make positive strides toward a happy, healthy life. Fill it out and take it with you to your **annual wellness visit**.

Discuss with Your Doctor	Visit Date / Notes
<input type="checkbox"/> Current condition(s) and treatment(s)	
<input type="checkbox"/> Pain and what you can do for it	
<input type="checkbox"/> Daily activities and fitness level	
<input type="checkbox"/> Balance issues or recent falls	
<input type="checkbox"/> Bladder control problems	
<input type="checkbox"/> Sleeplessness and memory loss	
<input type="checkbox"/> Tobacco, alcohol or drug use	
<input type="checkbox"/> Depression, anxiety, other mental health concerns	
<input type="checkbox"/> Hospital visits in the last 90 days	
Exams	Visit Date / Notes
<input type="checkbox"/> Annual wellness visit	
<input type="checkbox"/> Blood pressure check	
<input type="checkbox"/> Height, weight, body mass index (BMI)	
<input type="checkbox"/> Blood sugar, cholesterol	
<input type="checkbox"/> Eye exam and retinal exam (if needed)	
<input type="checkbox"/> Hearing	
<input type="checkbox"/> Dental	



Check this list to keep up with your wellbeing each year.

Screenings	Visit Date / Notes
<input type="checkbox"/> Breast cancer	
<input type="checkbox"/> Cervical or prostate cancer	
<input type="checkbox"/> Colorectal cancer	
<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Hepatitis C (HVC)	
<input type="checkbox"/> Osteoporosis	
<input type="checkbox"/> Others recommended by your doctor	
Immunizations	Visit Date / Notes
<input type="checkbox"/> Influenza (flu)	
<input type="checkbox"/> Pneumococcal (pneumonia)	
<input type="checkbox"/> Shingles	
<input type="checkbox"/> Covid-19	

Prescription and Over-the-Counter Medication Tracker

Name of medication and how often you take it

Your Care Team

Specialists and providers who help your doctor coordinate your overall care

This document is for informational purposes only. Recommendations may vary. Discuss screening options with your health care provider, especially if you are at increased risk. For benefit information, please refer to your contract or certificate (Health Care Benefit Program booklet), or call the Customer Service number on the back of your ID card.