

# My Preventive Medicine Visit Checklist *Take this with you to your doctor's visit.*

You can prepare for your visit by completing this information from your records and/or your medical group's patient website.

Name: \_\_\_\_\_

Primary Care Physician (PCP): \_\_\_\_\_

PCP Phone Number: \_\_\_\_\_

**Know Your Numbers:**

Blood Pressure

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Body Mass Index (BMI)

**If Applicable:**

Blood Sugar (A1C)

Cholesterol (LDL value)

**Topics to talk with your doctor about at your next visit:**

- How I can prevent falls?
- What I can do about bladder control issues? (if a problem)
- What level of exercise/physical activity should I be doing?
- Review my current medications.
- My emotional health (am I feeling down or depressed).
- What help can I get to stop smoking or tobacco use?
- What treatment can I get for alcohol or drug use?
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Appointments	Last Date Received	Next Date Scheduled
Preventive Medicine Visit		
Annual Routine Eye Exam		
Annual Dilated Eye Test or Digital Retinal Image (to check for retinopathy)		
Screenings		
Colon Cancer (like a Colonoscopy /FIT Kit)		
Cholesterol		
Diabetes: (if applicable)		
A1c		
Kidney		
Feet		
Women:		
Breast Cancer		
Bone Mass Measurement		
Vaccines		
Flu (every flu season)		
Pneumonia		