

# 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 website.

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

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

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

**Know Your Numbers:**

Blood Pressure

/

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		

## Multi-Language Insert

**English:** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-642-8065 (TTY: 1-800-722-0353).

**Spanish:** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-642-8065 (TTY: 1-800-722-0353).

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-642-8065 (TTY: 1-800-722-0353).

**Chinese:** 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 1-800-642-8065 (TTY: 1-800-722-0353)。

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-642-8065 (TTY: 1-800-722-0353) 번으로 전화해 주십시오.

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-642-8065 (TTY: 1-800-722-0353).

**Arabic:** ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-246-008-1 (رقم هاتف الصم والبكم: 1-3530-227-008-1).

### Burmese:

သတိပြုရန် - အကယုၣ် သဒ္ဓသညာ့မနုၣ်မာစကား ကို ရှုဟပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သဒ္ဓအတၢ် စီစဉ်ဆော့ဒရၢ်ပေးပါမညာ။ ဖုနးနံပါတ် 1-800-642-8065 (TTY: 1-800-722-0353) သို့ ခေ့ဆိုပါ။

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-642-8065 (TTY: 1-800-722-0353).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-642-8065 (TTY: 1-800-722-0353).

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-642-8065 (ATS: 1-800-722-0353).

**Laotian:** ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-642-8065 (TTY: 1-800-722-0353).

**Thai:** เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-642-8065 (TTY: 1-800-722-0353).

**Urdu:**

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-642-8065 (TTY: 1-800-722-0353).

**Cherokee:** Hagsesda: lyuhno hyiwoniha [tsalagi gawonihisdi]. Call 1-800-642-8065 (TTY: 1-800-722-0353).

**Persian/Farsi:**

**توجه:** اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-642-8065 (TTY: 1-800-722-0353) تماس بگیرید.

CommunityCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CommunityCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CommunityCare:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
  
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact CommunityCare's Senior Manager of Quality Improvement. If you believe that CommunityCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

CommunityCare  
Attn: Senior Manager Quality Improvement  
P.O. Box 3249 Tulsa, Oklahoma 74101  
(918) 594-5303 (phone)  
(918) 594-5250 (Fax)  
[CustomerServiceReview@ccok.com](mailto:CustomerServiceReview@ccok.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, CommunityCare's Senior Manager of Quality Improvement is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.