# Care Checklist - Adult

For a healthier you: Take this checklist with you to your next visit with your Primary Care Provider (PCP). It is important that you talk to your PCP about any questions or worries about your health. Asking questions can help you be an active member of your healthcare team. Ask if the screening or exam is necessary for you to take. If so, make sure to write down the date received or when you are due or scheduled for each necessary item. Your health is unique to you and you may need other screenings or vaccines. Ask your PCP if you need additional testing specific for you.

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**THINGS TO SPEAK WITH YOUR PCP ABOUT:**

- ☐ Review your current diagnosed conditions
- ☐ How much physical activity is right for you
- ☐ What to do if you are feeling sad or depressed
- ☐ List of current medications
- ☐ Things that may affect your ability to care for your health (ex. homelessness, transportation, and/or lack of food)
- ☐ Anything that has changed with your body
- ☐ Any changes related to aging
- ☐ Your next follow-up appointment
- ☐ Patient portal
- ☐ Feeling safe at home or in relationships
- ☐ Discuss health or medication questions or concerns

**KNOW YOUR NUMBERS**:

- ☐ HbA1c Number _____
  ***Blood test to check your sugar levels***
- ☐ Blood Pressure _____/_____
- ☐ Body Mass Index (BMI) _____
  ***Estimates your level of body fat***
- ☐ Lipid/Cholesterol Profile Value _____

| **APPOINTMENTS**: | Date Received/ Scheduled |
|---|---|
| ☐ Annual Physical Exam | |
| ☐ Routine Eye Exam<br>***Including dilated eye exam*** | |
| ☐ Dental Exam | |

| **For SMOKERS**: | Date Received/ Scheduled |
|---|---|
| ☐ Lung Cancer Screening | |

| **VACCINES**: | Date Received/ Scheduled |
|---|---|
| ☐ Pneumonia Vaccine | |
| ☐ Annual Flu & COVID Shot | |
| ☐ Shingles Vaccine | |
| ☐ HPV Vaccine | |
| ☐ Tdap or Td (every 10 years)<br>***Tetanus, diphtheria & pertussis*** | |

| **TESTS AND SCREENINGS**: | Date Received/ Scheduled |
|---|---|
| ☐ Colorectal Cancer Screening | |
| ☐ Cholesterol Screening | |
| ☐ Hepatitis C Screening | |
| ☐ Diabetes Screening<br>***For those without diabetes*** | |

| **FOR THOSE DIAGNOSED WITH DIABETES:** | |
|---|---|
| ☐ Foot Exam | |
| ☐ HbA1c Test | |
| ☐ Kidney Test | |

| **SEXUALLY TRANSMITTED INFECTIONS:** | |
|---|---|
| ☐ Chlamydia Screening | |
| ☐ Gonorrhea Screening | |
| ☐ HIV Screening | |

| **For MEN**: | Date Received/ Scheduled |
|---|---|
| ☐ Prostate Cancer Screening<br>***Discuss with your provider if this test is right for you*** | |

| **For WOMEN**: | Date Received/ Scheduled |
|---|---|
| ☐ Mammography | |
| ☐ Bone Mass Measurement | |
| ☐ Cervical Cancer Screening | |