Care Checklist – Ages 10-19

For a healthier you: Take this checklist along with you to your next visit with your Primary Care Provider (PCP) or OB/GYN. It is really important that you feel you can talk with your PCP about any medical questions or concerns. Asking questions can help you be an active member of your healthcare team.

- Ask *if* and *when* you may need each screening or exam
- Write down the date you received each necessary item, when it is scheduled or when it is due

This is designed to help you stay on track with your healthcare. 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.

AT YOUR VISIT, TALK WITH YOUR PCP ABOUT:

- ☐ Issues you might be having with puberty, acne, school, depression, etc.
- ☐ How much physical activity is right for you
- ☐ What to do if you are feeling down or depressed or if you have ever wanted to harm yourself or others
- ☐ Safety: Biking, sports, swimming, driving, social media, nicotine and substance use, and internet
- ☐ Sexual activity and protection
- ☐ Feeling safe at home
- ☐ Having someone you are comfortable talking with when you have problems

AT YOUR VISIT, REMEMBER TO ASK OR DISCUSS:

- ☐ What is my most important medical concern?
- ☐ When do I follow up with your office?
- ☐ What is my family medical history?

APPOINTMENTS:

	Date Received/ Scheduled
☐ Annual Physical Exam	
☐ Annual Dental Exam	
☐ Vision Assessment	
☐ Hearing Assessment	
☐ Nutritional Assessment	

KNOW YOUR NUMBERS:

- ☐ Blood Pressure _____/_____
- ☐ Height _____
- ☐ Weight _____
- ☐ Body Mass Index (BMI) _____
- ☐ Lipid/Cholesterol Profile Value _____
- ☐ HbA1c Level (Diabetes) _____

VACCINES:

	Date Received/ Scheduled
☐ Yearly Flu Vaccine	
☐ Yearly COVID Vaccine	
☐ Human Papillomavirus (HPV)	
☐ Meningococcal Conjugate	
☐ Tdap or Td *(Tetanus, diphtheria & pertussis)*	

TESTS AND SCREENINGS:

	Date Received/ Scheduled
☐ Depression	
☐ Tobacco and Alcohol Use	
☐ Cholesterol Screening	
☐ Diabetes Screening	

SEXUALLY TRANSMITTED INFECTIONS:

☐ Chlamydia Screening	
☐ Gonorrhea Screening	
☐ HIV Screening	