



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.

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

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 |
|--|-----------------------------|
| <input type="checkbox"/> Annual Physical Exam | <input type="text"/> |
| <input type="checkbox"/> Routine Eye Exam
<i>Including dilated eye exam</i> | <input type="text"/> |
| <input type="checkbox"/> Dental Exam | <input type="text"/> |

VACCINES:

- | | Date Received/
Scheduled |
|--|-----------------------------|
| <input type="checkbox"/> Pneumonia Vaccine | <input type="text"/> |
| <input type="checkbox"/> Annual Flu Shot | <input type="text"/> |
| <input type="checkbox"/> Shingles Vaccine | <input type="text"/> |
| <input type="checkbox"/> HPV Vaccine | <input type="text"/> |
| <input type="checkbox"/> Tdap or Td (every 10 years)
<i>Tetanus, diphtheria & pertussis</i> | <input type="text"/> |

TESTS AND SCREENINGS:

- | | Date Received/
Scheduled |
|--|-----------------------------|
| <input type="checkbox"/> Colorectal Cancer Screening | <input type="text"/> |
| <input type="checkbox"/> Cholesterol Screening | <input type="text"/> |
| <input type="checkbox"/> Hepatitis C Screening | <input type="text"/> |
| <input type="checkbox"/> Diabetes Screening
<i>For those without diabetes</i> | <input type="text"/> |

FOR THOSE DIAGNOSED WITH DIABETES:

- | | |
|--------------------------------------|----------------------|
| <input type="checkbox"/> Foot Exam | <input type="text"/> |
| <input type="checkbox"/> HbA1c Test | <input type="text"/> |
| <input type="checkbox"/> Kidney Test | <input type="text"/> |

SEXUALLY TRANSMITTED INFECTIONS:

- | | |
|--|----------------------|
| <input type="checkbox"/> Chlamydia Screening | <input type="text"/> |
| <input type="checkbox"/> Gonorrhea Screening | <input type="text"/> |
| <input type="checkbox"/> HIV Screening | <input type="text"/> |

For MEN:

- | | Date Received/
Scheduled |
|---|-----------------------------|
| <input type="checkbox"/> Prostate Cancer Screening
<i>Discuss with your provider if this test is right for you</i> | <input type="text"/> |

For WOMEN:

- | | Date Received/
Scheduled |
|--|-----------------------------|
| <input type="checkbox"/> Mammography | <input type="text"/> |
| <input type="checkbox"/> Bone Mass Measurement | <input type="text"/> |
| <input type="checkbox"/> Cervical Cancer Screening
<i>Pap smear</i> | <input type="text"/> |