Preventive Care Checklist

Priority Health

Preventive screenings are an important way to stay healthy. Seeing your health care providers regularly can help you manage your care.

- Use this form to help you feel supported and confident during conversations about your health. Print or save it and bring it to your next medical appointment.
- Ask your provider if and when you may need any of the following screenings, and write down the date you completed or plan to complete.

My care team
Primary care provider (PCP):
Name: _____
Phone: _____
Specialists (if applicable)
_____
_____
_____

Annual Wellness Visit or Physical Exam	Date
☐ Blood pressure check Results: _____	
☐ Height and weight check Results: _____	
☐ Physical activity assessment: Your level of physical activity and how to maintain or improve it.	
☐ Balance/fall risk assessment: Concerns with balance or fear of falling and how to address.	
☐ Urinary health: Bladder issues and how to address.	
☐ Mental health check: Your emotional health status and ways to manage or improve.	
☐ Routine eye exam	
☐ Medication review	
☐ Review existing health conditions and family history	
☐ Discussing your values and preferences and values for end-of-life care.	

Vaccines	Date
☐ Flu (every flu season)	
☐ COVID or COVID-Booster	
☐ Pneumonia	
☐ Shingles	
☐ Hepatitis B	

Screening and exams As needed based on your age, gender and health history	Date
☐ Cholesterol screening Results: LDL _____ HDL _____ Triglycerides _____	
☐ Bone mineral density test Results: _____	
☐ Fasting blood sugar screening Results: _____	
☐ Diabetes screening Foot exam Dilated eye exam: _____ Hemoglobin A1C: _____ Kidney test: _____	
☐ Hearing exam	
☐ Dental exam	
☐ Colorectal cancer screening	
☐ Breast cancer screening	
☐ Cardiovascular screening	
☐ Kidney disease screening	
☐ Cervical cancer screening	
☐ Prostate cancer screening	

Getting Your Test Results
Check with your provider on how they will be sharing your test results and when you can expect them, either through a phone call or on a care portal.

Medicine Tracker

Use this page to list the medications, supplements and vitamins you take. Bring it to your appointments so your care team can check everything and ensure safe, accurate care.

Allergies:

Medication Name (e.g. Meformin)	Dose & how often (e.g. 500 mg, twice daily)	What it's for (e.g. diabetes)	Prescriber/ Pharmacy (e.g. Dr. Smith/ Meijer)

Notes or questions about my medications:
(ie. side effects, trouble taking a medication, cost concerns, or questions to ask my provider)

Date of next appointment:

Notes on my care plan: