

Annual care checklist



Please discuss these important topics with your health care provider

- Any problems with balance and falling
- Concerns about feeling down, your mental wellness and your emotional health
- Questions about your physical activity and how to stay active
- Any problems with bladder control

Date completed _____

Your path to better health begins with talking to your doctor. Your physical and mental health are important to us.

Action	Date completed	Action	Date completed
<input type="checkbox"/> Blood pressure check	_____	<input type="checkbox"/> Physical examination	_____
<input type="checkbox"/> Height, weight and body mass index (BMI)	_____	<input type="checkbox"/> Fasting blood sugar	_____
<input type="checkbox"/> Colon cancer screenings		For people with diabetes	
One of these five:	_____	<input type="checkbox"/> Hemoglobin A1c (HbA1c)	_____
• Colonoscopy (every 10 years, ages 50–75)		<input type="checkbox"/> LDL cholesterol	_____
• CT colonography (every 5 years, ages 50–75)		<input type="checkbox"/> Urine/blood test for protein	_____
• Sigmoidoscopy (every 5 years, ages 50–75)		<input type="checkbox"/> Discuss the importance of statin use	_____
• Fecal occult blood test (FOBT) (yearly, ages 50–75)		<input type="checkbox"/> Comprehensive eye exam with dilated retinal screening	_____
• FIT-DNA test (every 3 years, ages 50–75)			
<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		As needed	
<input type="checkbox"/> Breast cancer screening (at least every 2 years)	_____	<input type="checkbox"/> Bone density test for osteoporosis (based on your doctor's recommendation)	
<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal			
Once a year			
<input type="checkbox"/> Flu shot	_____		_____

