



BlueResourceSM – Protecting Your Health – Annual Wellness Guidelines Checklist

Annual Wellness Visit Checklist

Understanding your body plays a big role in your good health and wellness. This checklist can give you a clearer picture of your overall health. Use it to start a conversation with your health care provider. Together, you can create a plan to take care of any issues you may have, and make positive strides toward a happy, healthy life. Fill it out and take it with you to your **annual wellness visit**.

Discuss with Your Doctor	Visit Date / Notes
<input type="checkbox"/> Current condition(s) and treatment(s)	
<input type="checkbox"/> Pain and what you can do for it	
<input type="checkbox"/> Daily activities and fitness level	
<input type="checkbox"/> Balance issues or recent falls	
<input type="checkbox"/> Bladder control problems	
<input type="checkbox"/> Sleeplessness and memory loss	
<input type="checkbox"/> Tobacco, alcohol or drug use	
<input type="checkbox"/> Depression, anxiety, other mental health concerns	
<input type="checkbox"/> Hospital visits in the last 90 days	
Exams	Visit Date / Notes
<input type="checkbox"/> Annual wellness visit	
<input type="checkbox"/> Blood pressure check	
<input type="checkbox"/> Height, weight, body mass index (BMI)	
<input type="checkbox"/> Blood sugar, cholesterol	
<input type="checkbox"/> Eye exam and retinal exam (if needed)	
<input type="checkbox"/> Hearing	
<input type="checkbox"/> Dental	



Check this list to keep up with your wellbeing each year.

Screenings	Visit Date / Notes
<input type="checkbox"/> Breast cancer	
<input type="checkbox"/> Cervical or prostate cancer	
<input type="checkbox"/> Colorectal cancer	
<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Hepatitis C (HVC)	
<input type="checkbox"/> Osteoporosis	
<input type="checkbox"/> Others recommended by your doctor	
Immunizations	Visit Date / Notes
<input type="checkbox"/> Influenza (flu)	
<input type="checkbox"/> Pneumococcal (pneumonia)	
<input type="checkbox"/> Shingles	
<input type="checkbox"/> COVID-19	

Prescription and Over-the-Counter Medication Tracker

Name of medication and how often you take it

Your Care Team

Specialists and providers who help your doctor coordinate your overall care