Wellmark | IOWA FREEDOM TO FLOURISH

The annual preventive exam
pre-visit checklist.

The more information you give your primary care provider, the better they can help you understand your health.

Scheduled your annual preventive exam?
Get prepared by taking some time to think about your health. This is your opportunity to stay ahead of potential concerns, so be honest with yourself and with your doctor! Remember that the information you share is always confidential.

My appointment details:

Date and time: _____

Name of doctor: _____

Location/address: _____

My health background:

Perform a quick check on yourself. Take note of any lumps or abnormalities, rashes, blood in your stool, frequent urination, or any ongoing illness, aches or pains, etc.

Do you have any current health questions or concerns? If so, write them down: _____

_____

_____

_____

_____

_____

Have you experienced any health issues since your last visit? If yes, include approximate dates and treatments:

_____

_____

_____

_____

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_____

Have you felt down, overly anxious or excessively worried in the past 30 days? ❑ Yes ❑ No

Are you experiencing any difficulty getting a restful night's sleep? ❑ Yes ❑ No

Do you have any lifestyle habits your doctor should be aware of, for example, tobacco or alcohol use?

_____

_____

My medication history:

List your current prescriptions, vitamins or supplements, including dosage and frequency: _____

_____

_____

_____

Previous/expired prescriptions: _____

_____

Are you allergic to any medications that you know of?

_____

My family's health history:

Have any of your family members been diagnosed with any of the following chronic health conditions?

- ❑ Alcohol or drug addiction
- ❑ Cancer
- ❑ Dementia
- ❑ Diabetes
- ❑ Heart disease
- ❑ Hypertension
- ❑ Kidney or liver disease
- ❑ Lung disease
- ❑ Melanoma
- ❑ Memory loss or Alzheimer's
- ❑ Obesity
- ❑ Osteoporosis
- ❑ Parkinson's
- ❑ Stroke
- ❑ Not applicable
- ❑ Other: _____

If so, were they a sibling, parent, or a maternal or paternal grandparent?

_____

Is there anything else on your mind?

Write down any topics you'd like to discuss with your provider.

_____

_____

_____

_____

_____

TIP: Your risk for chronic conditions increases as you age. Ask your doctor which recommended screenings are right for you.

Complete your Wellness Assessment!

Get personalized tips to protect your health. Log in to myWellmark.com, select the **Well-being** tab, and then click **Enter Wellmark Connect** to get started.

M-4823146 08/25 A