

At UConn Health, your health is very important to us. Consider scheduling your annual wellness visit with your primary care physician or APRN for a routine physical. UConn Health created this checklist for you and your provider to refer to during your visit. Your primary care physician or APRN will determine which screening tests or health care services might be right for you.

<b>Service or Screening</b>	<b>Frequency or Indication</b>	<b>Date Completed</b>
Flu shot	Every flu season, yearly	
Vaccine review	Yearly (check to see what you are due for)	
Blood pressure check	Yearly (annual wellness visit or routine physical)	
Height, weight, and body mass index (BMI)	Yearly	
Lifestyle (alcohol and tobacco use, diet and exercise)	Yearly	
Cervical cancer screening (Pap smear)	As recommended (women ages 25-65)	
Cholesterol screening	As recommended	
Dental exam	Twice a year or as recommended	
Eye exam	As recommended	
Hearing exam	As recommended	
Bone mineral density test (osteoporosis screening)	As recommended	
Fasting blood sugar screening	As recommended	
Colon cancer screening	As needed (adults 45+)	
Mammogram screening	As needed (beginning at age 50, every 1-2 years based on your risk profile)	
Hepatitis C infection screening	One time screening for all adults ages 18-79 unless risk factors indicate repeat testing	

**PEOPLE WITH DIABETES**

<b>Service or Screening</b>	<b>Frequency or Indication</b>	<b>Date Completed</b>
Exam to determine any diabetes-related vision issues	Every 1-2 years	
Exam to determine diabetes-related foot issues	Yearly	
Hemoglobin A1c (HbA1c)	At least twice a year	
Tests to monitor for kidney disease	Yearly	
Statin medication, if appropriate	As recommended	

**To schedule an appointment with your provider, call 1-84-GET-UConn.**

Review and discuss these topics with your primary care physician or APRN at your next appointment. You can use the space below to document any recommendations or treatment options discussed during your visit.

### MEDICATIONS

#### Questions to ask:

- Are there any side effects?
- Am I taking them as prescribed?
- Is there a generic or lower-cost option?

Use the space below to write any medications you are taking, including prescriptions, over-the-counter medicines, vitamins, or supplements.

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### PHYSICAL HEALTH

Discuss your physical health and let them know if you're experiencing any pain that interferes with daily life, including work or social activities.

Use the space below to write any issues you plan to discuss with your primary care physician or APRN.

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### TESTS, SCREENINGS, AND TREATMENTS

#### Questions to ask:

- When will the results come back?
- Will someone call me to follow up?
- Are additional appointments necessary?

Use the space below to write any tests or procedures recommended or scheduled by your primary care physician or APRN.

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### HEALTH CARE TEAM

Use the space below to write any providers or specialists who manage your care.

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### HEALTH ASSESSMENTS

Please share this information with your primary care physician or APRN.

#### Fall Risk

- I have fallen
- I have issues with balancing or walking
- Not applicable

#### Bladder Control

- I have bladder control problems
- I have incontinence or leaking concerns
- Not applicable

#### Physical Activity

- I want to start exercising
- I want to increase exercise

### MENTAL HEALTH

Your mental health is very important. Discuss this with your primary care physician or APRN to let them know if you've been feeling sad, anxious, or having difficulty sleeping. Also, mention if you're having any memory loss that impacts your daily function or challenges with planning.

Use the space below to write any issues you plan to discuss with your primary care physician or APRN.

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