Your care checklist

So...how's it going? Look over the items below. Check or circle any that apply to you. Then, talk about them with your doctor at your next visit.

Name:	Date:							
Î	My physical health ————————————————————————————————————							
	Over the past 4 weeks, this is how often I've had problems completing my daily activities as a result of my physical health. (Check one.)							
	□ Never □ Several days □ More than half the days □ Almost every day							
	I'd like advice on: □ Keeping my balance □ Controlling my bladder							
SUL	I think I might need these vaccines : □ COVID-19 shot/booster □ Flu shot □ Pneumonia (say "new-MOAN-yah") shot □ RSV shot □ Shingles shot □ Shingles shot							
	I think I might need these screenings and tests : ☐ Bone density test: This test will tell you if you have osteoporosis (say "ah-stee-oh-poh-ROH-sis"), or weak bones. You should have it every other year, starting at age 65 for women and age 70 for men. ☐ Breast cancer screening: This is also called a mammogram. If you're age 40-74, you should get one every 2 years, or as recommended by your doctor. ☐ Colon cancer screening: There are different types of tests that screen for colon cancer. Your doctor can tell you which one is right for you and, starting at age 50, how often you should be screened.							
O	Do I need these diabetes-related tests ? ☐ Blood sugar: This is also known as an HbA1c test. ☐ Eye exam: This should include a dilated retinal screening, too. ☐ Cholesterol (say "koh-LESS-ter-rall"): This will check your level of LDL, or "bad," cholesterol. ☐ Urine/blood test for protein: This is also known as a kidney screening.							
•	I want to talk about my: ☐ X-ray or scan results ☐ Blood test results							







I'd like advice on: (Circle as many as apply to you.)



Exercising



Eating healthy



Losing weight



Coping with stress



unhealthy habits



Taking my medicine



Stopping smoking or tobacco use



Expanding my social circle

My My	/
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medicines

I need:

☐ More info on how to take my medicines the right way

☐ More info on why I need to take my medicines

☐ A prescription refill

☐ Answers to questions I have about my medicines

These are the medicines I'm taking. They include any over-the-counter drugs, vitamins and supplements I use. (I'll bring them with me to my doctor visit, too.)

Other things I'd like to talk about or questions I have						

Small steps. Big changes.

Even small steps can lead to big changes in your health. As you go through this checklist, think about what moves you to stay on top of your health goals.

Have questions? Just call us at the number on your member ID card.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area. This material is for informational purposes only and is not medical advice. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Contact a health care professional with any questions or concerns about specific health care needs. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna is not a provider of health care services and, therefore, cannot guarantee any results or outcomes. The availability of any particular provider cannot be guaranteed and is subject to change. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to our website.