

# 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: \_\_\_\_\_



## 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



I think I might need these **vaccines**:

- COVID-19 shot/booster  
 Flu shot  
 Pneumonia (say "new-MOAN-yah") shot  
 RSV shot  
 Shingles shot

**Did you know?** Your Aetna® Medicare plan covers most vaccines. That includes ones that help prevent COVID-19, the flu and pneumonia.



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.



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



## My mental health

Over the past 4 weeks, this is how often I've had little interest or pleasure in doing things. (Check one.)

-  Never
   Several days
   More than half the days
   Almost every day

Over the past 4 weeks, this is how often I've felt down, depressed or hopeless. (Check one.)

-  Never
   Several days
   More than half the days
   Almost every day

Over the past 4 weeks, this is how often I've gotten together with or talked to family or friends. (Check one.)

-  Never
   Several days
   More than half the days
   Almost every day



## My health goals

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



Exercising



Eating healthy



Losing weight



Coping with stress



Reducing unhealthy habits



Taking my medicine



Stopping smoking or tobacco use



Expanding my social circle



## My 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.)

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