

## Primary Care Provider Medical Appointment Checklist



This checklist can help the person you care for get the preventive health care they need. Take it to their next primary care provider (PCP) appointment and talk about which services are right for them.<sup>1</sup>

Annual wellness visit/ routine physical	Completion date	Vaccine review	Completion date
☐ Blood pressure check		☐ Flu (every flu season)	
☐ Head-to-toe examination		COVID-19	
		☐ Pneumonia	
Height, weight and body mass index (BMI)		☐ Shingles	
☐ Lifestyle screening check such as alcohol use, quitting tobacco support		☐ Hepatitis B	
		☐ Tetanus	
Screenings	Completion date	Other (including boosters)	
☐ Colon cancer screening for adults age 45 or older²		As recommended by your PCP	Completion
☐ Hepatitis C virus infection screening for people at high risk and a one-time test for adults born between 1945–1965		☐ Dental exam	date
		<del></del>	
		☐ Routine eye exam	
☐ Breast cancer screening (mammogram) every other year age 55-74²		☐ Hearing exam	
		For people with diabetes	Completion date
☐ Cervical cancer screening (Pap test) for women ages 21–65		☐ Eye exam to detect diabetes-related issues	
☐ Cholesterol screening		☐ Foot exam to detect	
☐ Bone mineral density test to		diabetes-related issues	
screen for osteoporosis		☐ Hemoglobin A1c (HbA1c) check	
☐ Fasting blood sugar screening		☐ LDL cholesterol check	
☐ Sexually transmitted infections screening		☐ Statin medication, if clinically appropriate	
		☐ Kidney health tests for chronic kidney disease (CKD)	
		☐ Urine albumin creatinine ratio (uACR) test	
		☐ Estimated glomerular filtration rate (eGFR) test	

## **Discussion topics**

Prepare for the appointment by reviewing the suggestions below and marking important items.

Physical health	Emotional well-being and social life	
☐ I need to know if any of my medications	☐ I'm feeling sad or blue	
increase my risk for falling	I'm having difficulty sleeping	
☐ I have had a fall in the last 6 months	☐ I'm having trouble remembering things and it is disrupting my daily life	
☐ I have problems with balancing or walking		
☐ I have problems with bladder leaking or bladder control	<ul> <li>I'm having feelings of loneliness and need resources for social opportunities</li> </ul>	
☐ I'd like to know if I should increase, maintain, or decrease my exercise	I'm not seeing friends or family or leaving my home on a regular basis	
levels including sexual activity	Care team, tests and treatments	
☐ I'd like to discuss my advance care planning and do an advance directive review	□ I need to know what tests you are ordering this visit and how results will be shared	
Living situation	☐ I'd like to review my specialists and other providers	
☐ I'd like to discuss whether I need a personal emergency response system or other changes, support, or resources to make my home safer	☐ Do I need to make an appointment with any specialists?	
for me to navigate	Medications	
☐ I don't feel safe and secure in my home, building, or neighborhood	☐ I'd like to review my medications	
☐ I want to make sure it is safe for me to continue driving	☐ I want to know if there are lower-cost options available	
☐ It is hard for me to eat consistent,	☐ I need help getting my medications	
nutritious meals		
☐ Getting around outside of my home, including to appointments, is challenging		
☐ I need more assistance in my home than is available and want to discuss alternative living situations	We can help schedule your next appointment	

## Notes and other concerns



If you need help scheduling an appointment, finding a pharmacy or understanding your plan, just call Customer Service at the number on your member ID card.

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<sup>&</sup>lt;sup>1</sup>This is a list of suggested screenings to help you prepare for your medical appointment and not comprehensive nor a substitute for medical advice. Coverage for these screenings (including how often they are covered) may vary by plan. If you have questions about your specific benefits or coverage details, please call Customer Service at the number on your member ID card or check your Evidence of Coverage.

<sup>&</sup>lt;sup>2</sup> American Cancer Society, 2022.

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