

Yearly Primary Care Checklist

The best preventive care is outstanding primary care. That's why it's important to see your primary care provider yearly for a physical exam, review of health history, risk factors and lifestyle habits, screenings and vaccinations, if needed.

Use this list as a guide to prepare for your upcoming appointment with your primary care provider.

1. Details about your personal and family health history and known risk factors.

History: _____

2. List any specialists or other providers you see. This will help your primary care provider coordinate your overall care.

Care team: _____

3. Write down the prescriptions, over-the-counter medications, supplements and vitamins you're taking, or are having difficulty taking.

Medications: _____

4. Review and evaluate your physical and mental health:

Fall Risk

- Recently fallen
- Problems with balancing or walking
- No known problems

Bladder Control

- Problems with bladder control
- Problems with leaking of urine
- No known problems

Physical and Mental Health

- Feeling sad or blue
- Difficulty sleeping
- Memory loss
- Pain

5. Schedule health screenings. See back for important screening recommendations based on age and gender.

6. Keep up-to-date on vaccinations that can prevent disease. Talk to your provider about recommended vaccinations.

To learn more, visit UHhospitals.org/Checklist.

Your Guide to Health Screenings by Age

Key: ■ Men ● Women

The health screening recommendations are for those at average risk. If you have a family history or certain risk factors, it may be recommended that you begin screenings earlier. Screening frequency will be determined by the test results.

Complete MM/DD/YY	Screening	20+	40+	50+	60+
Once a month:					
<input type="checkbox"/> Date: / /	Breast self-exam	●	●	●	●
<input type="checkbox"/> Date: / /	Testicular self-exam	■	■	■	■
Once a year:					
<input type="checkbox"/> Date: / /	Blood pressure, height, weight, body mass index (BMI)	■ ●	■ ●	■ ●	■ ●
<input type="checkbox"/> Date: / /	Cardiovascular evaluation	■ ●	■ ●	■ ●	■ ●
<input type="checkbox"/> Date: / /	Cholesterol			■ ●	■ ●
<input type="checkbox"/> Date: / /	Comprehensive physical exam	■ ●	■ ●	■ ●	■ ●
<input type="checkbox"/> Date: / /	Dementia and Alzheimer's screening				■ ●
<input type="checkbox"/> Date: / /	Depression screening	■ ●	■ ●	■ ●	■ ●
<input type="checkbox"/> Date: / /	Human papilloma virus (HPV) tests	●	●	●	●
<input type="checkbox"/> Date: / /	Low-dose lung CT scan			■ ●	■ ●
<input type="checkbox"/> Date: / /	Mammogram		●	●	●
<input type="checkbox"/> Date: / /	Skin cancer screening	■ ●	■ ●	■ ●	■ ●
<input type="checkbox"/> Date: / /	Testicular cancer screening	■	■	■	■
Every 2 to 5 years as recommended by your primary care provider:					
<input type="checkbox"/> Date: / /	Blood glucose test	■ ●	■ ●	■ ●	■ ●
<input type="checkbox"/> Date: / /	Cholesterol		■ ●		
<input type="checkbox"/> Date: / /	Eye exam	■ ●	■ ●	■ ●	■ ●
<input type="checkbox"/> Date: / /	Pap smear	●	●	●	●
<input type="checkbox"/> Date: / /	Pelvic exam	●	●	●	●
Every 5 years:					
<input type="checkbox"/> Date: / /	Bone density test			●	●
<input type="checkbox"/> Date: / /	Cholesterol	■ ●			
<input type="checkbox"/> Date: / /	Thyroid panel			●	●
Every 10 years:					
<input type="checkbox"/> Date: / /	Cardiac calcium scoring			■ ●	■ ●
<input type="checkbox"/> Date: / /	Colonoscopy		■ ●	■ ●	■ ●
<input type="checkbox"/> Date: / /	Hearing test			■ ●	■ ●
As needed and recommended by your primary care provider:					
<input type="checkbox"/> Date: / /	Abdominal aortic aneurysm (AAA) screening				■
<input type="checkbox"/> Date: / /	Bone density test			■	■
<input type="checkbox"/> Date: / /	Fertility testing	■	■	■	■
<input type="checkbox"/> Date: / /	Prostate specific antigen (PSA) screening				■
<input type="checkbox"/> Date: / /	Sexually transmitted diseases (STD) tests	■ ●	■ ●	■ ●	■ ●