

Annual Wellness Visit Checklist

Your annual wellness visit is a great way to create a care plan and stay on track with your health. During this visit, your doctor may review your medications and your medical and family history. They will measure your height, weight and blood pressure. They may also order tests and screenings for you.

Use this checklist to help guide your visit. Take notes before and during your visit, and be sure to bring a list of the medications you are currently taking. Your doctor is there to help you, so ask them about any health concerns you may have. Johns Hopkins Advantage MD (HMO, HMO (D-SNP) and PPO) members do not have a cost share for this visit with an in-network provider.

Tip: This visit is covered at \$0 once each calendar year. You do not need to wait 12 months before your next visit. Before you leave your doctor's office, schedule your annual wellness visit for next year.

Appointment Date:

Time:

Doctor:

MY TOPICS TO DISCUSS:


WHEN
DISCUSSED

Physical health (note any changes from last year)

Risk factors ☐ Tobacco ☐ Alcohol ☐ Weight ☐ Depression ☐ Chronic Pain ☐ Other

Diabetes care (if applicable) ☐ Blood glucose test ☐ Dilated eye exam ☐ Kidney function test

Confusion/memory loss

Chronic health condition(s)

Ongoing pain (rate on a scale of 1 - lowest to 5 - highest)

Vision problems

Nutrition/appetite

Sleep

Physical activity

Falls (note the last time you had a fall)

Current medications/side effects

Urine leakage

Advanced care planning

Mental well-being (ongoing depression or anxiety)

Other



MY DOCTOR'S RECOMMENDATIONS:

RECOMMENDED

Cholesterol (note date, if completed)

☐

Bone Density (note date, if completed)

☐

Mammogram (note date, if completed)

☐

Colorectal cancer screening test (note date, if completed)

☐

Prostate cancer screening

☐

Cervical cancer screening

☐

Lung cancer screening

☐

Other

☐

VACCINE(S):

VACCINATED

COVID-19 (note date, if completed)

☐

Influenza (note date, if completed)

☐

Pneumonia (note date, if completed)

☐

Shingles (both doses received? Date of last dose, if completed)

☐

Other

☐

Notes
