

# Preventive Care Checklist



MARTIN'S POINT  
MEDICARE ADVANTAGE PLANS  
GENERATIONS ADVANTAGE

Three easy steps to a healthier you!

1. **Take this form** with you to your next visit with your primary care provider (PCP).
2. **Ask IF and WHEN** you might need each screening/exam.
3. **Write down the date** you received, or will receive, each needed item.

**KEEP THIS DETACHABLE CHECKLIST FOR YOUR OWN RECORDS** to help you stay on track with your preventive care.

## AT YOUR VISIT, TALK WITH YOUR DOCTOR ABOUT:

### KNOW YOUR NUMBERS:

- Glucose or A1C Number \_\_\_\_\_
- Blood Pressure \_\_\_\_\_ / \_\_\_\_\_
- Body Mass Index (BMI) \_\_\_\_\_
- Cholesterol (LDL Value) \_\_\_\_\_

### At your visit, TALK WITH your doctor about:

- Reviewing your current diagnosed conditions and medications
- How much physical activity is right for you
- What to do if you are feeling down or depressed
- How to manage any bladder control issues
- How to lower your risk of falling

## APPOINTMENTS:

- |  |                      |
|--|----------------------|
| <input type="checkbox"/> Comprehensive Visit* _____                                    | <input type="text"/> |
| <input type="checkbox"/> Medicare Wellness Visit _____                                 | <input type="text"/> |
| <input type="checkbox"/> Annual Physical Exam _____                                    | <input type="text"/> |
| <input type="checkbox"/> Annual Routine Eye Exam _____<br>(including dilated-eye exam) | <input type="text"/> |

## VACCINES:

- |   |                      |
|---|----------------------|
| <input type="checkbox"/> Pneumonia Vaccine _____  | <input type="text"/> |
| <input type="checkbox"/> Flu Shot (yearly) _____  | <input type="text"/> |
| <input type="checkbox"/> COVID-19 - Dose 1 _____  | <input type="text"/> |
| <input type="checkbox"/> COVID-19 - Dose 2 _____  | <input type="text"/> |
| <input type="checkbox"/> COVID-19 - Booster _____ | <input type="text"/> |

## TESTS AND SCREENINGS:

- |  |                      |
|--|----------------------|
| <input type="checkbox"/> Colorectal Cancer Screening _____                           | <input type="text"/> |
| <input type="checkbox"/> Cardiovascular Screening _____                              | <input type="text"/> |
| <input type="checkbox"/> Cholesterol Screening _____                                 | <input type="text"/> |
| <input type="checkbox"/> Diabetes Screening (foot exam, A1C test, kidney test) _____ | <input type="text"/> |

### For Men:

- |  |                      |
|--|----------------------|
| <input type="checkbox"/> Prostate Cancer Screening _____ | <input type="text"/> |
|--|----------------------|

### For Women:

- |  |                      |
|--|----------------------|
| <input type="checkbox"/> Breast Cancer Screening _____ | <input type="text"/> |
| <input type="checkbox"/> Osteoporosis Screening _____  | <input type="text"/> |

\*A Comprehensive Visit is an annual wellness exam scheduled back-to-back with a physical exam. **It's a convenient way to get two important preventive care visits in one appointment!**

# My Diagnosed Conditions

Ask your doctor to list each condition.


## Medicine Tracker

Fill out this form and **bring it with you to your doctor** to help review your medications.

**Medication Allergies:**

**Pharmacy Name and Location:**  **Pharmacy Phone Number:**

Medication Name	When and how much to take?	What do you take it for?	Doctor/Prescriber

## Medication Tips

Talk to your doctor, nurse, or pharmacist to understand what each medication is treating and why you are taking it.

### Here are some questions you might ask:

- What is the name of the medication?
- Why am I taking it?
- When and how am I supposed to take it?
- How long am I supposed to take it?
- Should I avoid anything (food, driving, alcohol, other medications)?
- What are the side effects?
- What happens if I don't take it or if I miss a dose?

### Here are some tips to help you take your medications correctly—especially if you take several:

- **Use a pill box** to count out your medications a week in advance. It's easier to see a missed dose.
- **Use an alarm** on your smart phone or watch to remind you when to take a dose.
- **Use a daily planner** to schedule your "medication appointments" to help you remember.
- **Request refills of prescriptions a few days before you run out** so you don't miss any doses.

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