Annual Care Checklist

Nothing is more important than your health. That's why you can count on UnitedHealthcare® to help you get the care you need, when you need it. Take this checklist with you to your next appointment.

Good preventive care helps catch health issues early when they may be easier to treat. Have this checklist handy at your next appointment. Together, you and your primary care provider (PCP) can decide which tests and care services are right for you. Recommended preventive care services may include the following¹:

Once a Year	Date Done	As Needed	Date Done
☐ Flu shot (every flu season)		Colon cancer screening (for adults age 50 or older) Hepatitis C virus infection screening (for people at high risk and a one-time test for adults born between 1945–1965)	
☐ Vaccine review (See what shots you may be due for.)			
Annual Wellness Visit/ Routine Physical	Date Done		
☐ Blood pressure check		☐ Mammogram screening (every year starting at age 45; starting at age 55 it can change to	
☐ Head-to-toe examination			
☐ Height, weight and body mass		every other year ²)	
index (BMI)		For People with Diabetes	Date Done
☐ Lifestyle screening check such as alcohol use, help quitting tobacco and healthy eating, if applicable.		☐ Exam to detect diabetes-related issues for eyes	
As Recommended by Your PCP	Date Done	 Exam to detect diabetes-related issues for feet 	
☐ Cervical cancer screening (Pap smear) for women ages 21–65 years old		☐ Hemoglobin A1c (HbA1c)	
		☐ LDL cholesterol	
☐ Cholesterol screening		☐ Statin medication, if clinically appropriate	
☐ Dental exam			
☐ Discuss screening and prevention of osteoporosis		☐ Urine test for protein	
☐ Eye exam		See back for important topics to prepare for	epare for
☐ Fasting blood sugar screening		your next appointment.	
☐ Hearing exam			



Important topics to discuss with your PCP

Prepare for your appointment by filling in the information below. Then, write down any recommendations your PCP may have about these topics and treatment options during your visit.

 Medications □ Write down your prescriptions, over-the-counter medications, supplements or vitamins you're taking. Ask: • Am I taking them correctly? • Are there any side effects? • Is there a lower-cost option? 	Care Team ☐ List any specialists or other providers you're seeing. This will help your PCP coordinate your overall care.
	Tests and Treatments
Physical Activity ☐ Discuss your level of physical activity with your PCP. Ask if you should start, increase or maintain your current exercise level.	 Discuss any tests ordered during your appointment. Ask: When can I expect results? Will I receive a follow-up call? Do I need a follow-up appointment?
Health Evaluations	
Risk of Falls	Bladder Control
I have had a fallI have problems with balancing or walkingI don't have problems with balancing or falling	 ☐ I have problems with bladder control ☐ I have problems with leaking of urine ☐ I don't have bladder or urine leakage problems
Mental Health	Physical Health
I feel calm and peacefulI have a lot of energyI feel sad or blueI am having difficulty sleeping	☐ I have limitations with my regular daily activities ☐ I have pain that interferes with my normal work ☐ I have limitations with my social activities ☐ I don't experience any of the above

If you have questions, please call the Customer Service number on the back of your member ID card.

From scheduling your next checkup appointment to finding a provider, you can always count on us to help you get the care you need, when you need it.

☐ I don't experience any of the above

¹ This is a list of suggested screenings. 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 the back of your member ID card or check your Evidence of Coverage.

² American Cancer Society, 2020.