ADVANTAGE MD
Johns Hopkins Medicine Medicare Plan

Schedule your Annual Wellness Visit

When it comes to your health, it's better to be proactive than reactive. As a Johns Hopkins Advantage MD member, many preventive services are covered. One of these preventive services is your annual wellness visit.

Advantage MD recommends that members make an appointment for their annual wellness visit within the first 90 days of becoming a plan member. You can have this visit at any time, but scheduling this appointment soon is a good way to prepare for your future health care needs. You might also have a new primary care provider (PCP) with your Advantage MD plan, so this is a chance to get comfortable with your PCP. The annual wellness visit includes a review of your physical health and assessment of any screenings or immunizations that you need.

We have prepared a checklist for you that outlines many health topics and concerns. Please review this checklist and make notes of the items that are most important to you. Bring the checklist to your appointment so that you are prepared to talk to your doctor about any health issues you may have.

Schedule your annual wellness visit now, and be sure to have this visit every year.

ADVANTAGE MD ANNUAL WELLNESS VISIT CHECKLIST

Appointment Date: _____   Time: _____

Doctor: _____

✔ **WHEN DISCUSSED**

MY TOPICS TO DISCUSS:

Physical health *(note any changes from last year)* ☐

Risk factors   ☐ Tobacco   ☐ Alcohol   ☐ Weight   ☐ 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 ☐

Balance *(note any falls since last year)* ☐

Medicine refills/side effects ☐

Urine leakage ☐

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)* ☐

VACCINATED ✓

VACCINE(S):

Influenza *(note date, if completed)* ☐

Pneumonia *(note date, if completed)* ☐

Shingles *(note date, if completed)* ☐

Other ☐

Notes