

My Health Check-in: A visit with the doctor to talk about staying healthy and well (long form)

1 About me and my appointment

My name

First	Last
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Name of the person supporting me at this visit

First	Last
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My appointment

Day/Month/Year	Time	Appointment type: <input type="checkbox"/> video <input type="checkbox"/> phone <input type="checkbox"/> in person
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My doctor's

Name	Phone #
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2 Preparing for My Health Check-in. Fill this out before you meet with the doctor or nurse.

- ▶ Check what you want to talk about with the doctor. You don't have to talk about everything.
- ▶ Put a if you want to talk about something with the doctor alone.

1. My physical health ○

My last head-to-toe check-up with the doctor was at

I want to talk about	I want to ask or tell
<input type="checkbox"/> My hearing and my eyes	
<input type="checkbox"/> The flu shot	
<input type="checkbox"/> My weight	
<input type="checkbox"/> New health problems that I have not talked to the doctor about yet	
<input type="checkbox"/> Something else about my health	

2. My medications ○

Put a if you want to talk about something with the doctor alone

I want to talk about	I want to ask or tell
<input type="checkbox"/> The number of medications I take	
<input type="checkbox"/> Side effects or feeling unwell from my medication	
<input type="checkbox"/> Blood tests to check if my medication is working well	
<input type="checkbox"/> Remembering when and how to take my medication	
<input type="checkbox"/> Something else about my medication	

3. My vaccinations



I want to talk about	I want to ask or tell
<input type="checkbox"/> How vaccines work	
<input type="checkbox"/> The flu shot	
<input type="checkbox"/> Which vaccines I should get	
<input type="checkbox"/> Proof of my vaccinations	
<input type="checkbox"/> Something else about vaccines	

4. My mask



I want to talk about	I want to ask or tell
<input type="checkbox"/> When to wear a mask	
<input type="checkbox"/> How to wear a mask	
<input type="checkbox"/> How the mask fits on my face	
<input type="checkbox"/> Which type of mask best protects me	
<input type="checkbox"/> Something else about my mask	

5. My movement



I want to talk about	I want to ask or tell
<input type="checkbox"/> Ways that I enjoy moving around	
<input type="checkbox"/> Do I get enough movement?	
<input type="checkbox"/> My time outdoors and getting fresh air	
<input type="checkbox"/> How to get help with my movement	
<input type="checkbox"/> Something else about my physical movement	

6. My habits



I want to talk about	I want to ask or tell
<input type="checkbox"/> Things I do that are not good for my health	
<input type="checkbox"/> Eating healthy foods	
<input type="checkbox"/> Drinking alcohol	
<input type="checkbox"/> Smoking and using drugs	
<input type="checkbox"/> How much time per day I use my phone, iPad, play games	
<input type="checkbox"/> Sleep (time I go to bed, time I get up, how many hours of sleep)	
<input type="checkbox"/> Something else about my habits that affects my health	

7. My mood

Put a ☒ if you want to talk about something with the doctor alone ○

I want to talk about	I want to ask or tell
<input type="checkbox"/> Things that make me feel good	
<input type="checkbox"/> Things that make me feel sad	
<input type="checkbox"/> Things that make me feel worried	
<input type="checkbox"/> Things that make me feel angry	
<input type="checkbox"/> How I feel all the time or just sometimes	
<input type="checkbox"/> Something else about my mood and feelings	

8. My family and friends

○

I want to talk about	I want to ask or tell
<input type="checkbox"/> People I enjoy spending time with	
<input type="checkbox"/> Meeting with family and friends	
<input type="checkbox"/> Feeling lonely	
<input type="checkbox"/> Things that have happened to my family or friends	
<input type="checkbox"/> Something else about my family and friends	

9. My activities and interests

○

I want to talk about	I want to ask or tell
<input type="checkbox"/> Activities I enjoy doing	
<input type="checkbox"/> Activities I do not enjoy and would like to change	
<input type="checkbox"/> My work	
<input type="checkbox"/> My school	
<input type="checkbox"/> Something else about my activities and interests	

10. My technology

○

I want to talk about	I want to ask or tell
<input type="checkbox"/> Using my phone, laptop, computer, iPad, or other devices	
<input type="checkbox"/> Using social media (Facebook, X, TikTok, Instagram)	
<input type="checkbox"/> Meeting with people online (Zoom, FaceTime, dating apps)	
<input type="checkbox"/> Buying things on the internet	
<input type="checkbox"/> Help with using the internet	
<input type="checkbox"/> Something else about technology	

11. My money

Put a ☒ if you want to talk about something with the doctor alone ○

I want to talk about	I want to ask or tell
<input type="checkbox"/> Money for important things like my rent, my food, my phone, the bus or train, and the internet	
<input type="checkbox"/> Money for getting help at home or with things I do	
<input type="checkbox"/> People asking me for money	
<input type="checkbox"/> Help with going to the bank or using the bank on the internet	
<input type="checkbox"/> Something else about my money	

12. My emergency plan

○

I want to talk about	I want to ask or tell
<input type="checkbox"/> My plan in case I need to go to the hospital for an emergency	
<input type="checkbox"/> Who would come to the hospital and help me	
<input type="checkbox"/> Things I want to bring if I had to go to the hospital	
<input type="checkbox"/> Something else about emergencies	

3 During My Health Check-in. Fill this in together with the doctor and anyone who supports you during the visit. If your doctor usually fills out a different form, ask them to attach a copy to this form.

What did we talk about and do?

Next steps For example, a health check, doing tests, seeing a different doctor, or information to read.

Medications	I want to ask or tell
Were there changes to my medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> New medications (if any)	
<input type="checkbox"/> Why do I need to take this new medication?	
<input type="checkbox"/> How do I take this new medication?	
<input type="checkbox"/> What side effects of medications do I need to watch for?	

Things to remember to do before I leave

- Make sure this form is completed
- Schedule the next appointment date
- If going to see a new doctor or specialist, find out how to make an appointment. Do I call them? Or do they call me?

Another doctor to see next

Name

Phone #

4 After My Health Check-in. Fill this in yourself or with someone who supports you.

Things I want to do for my health

What I liked about the visit. What should go different next time

My next appointment is booked for

Date: day/month/year

Time:

AM

PM