

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

1 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 weight
- ☐ New health problems that I have not talked to the doctor about yet
- ☐ Something else about my health

2. My medications ☐

- ☐ The number of medications I take
- ☐ Remembering when and how to take my medications
- ☐ Something else about my medications

3. My vaccines ☐

- ☐ Getting a vaccine
- ☐ Proof of my vaccinations
- ☐ Something else about vaccines

4. My mask ☐

- ☐ When to wear a mask
- ☐ How the mask fits on my face
- ☐ Something else about my mask

5. My movement ☐

- ☐ Ways I enjoy moving around
- ☐ My time outdoors and getting fresh air
- ☐ Something else about moving around

6. My habits ☐

- ☐ Things I do that are good or bad for my health
- ☐ Sleep (time I go to bed, time I get up)
- ☐ Something else about my habits

7. My mood ☐

- ☐ Things that make me feel happy or sad
- ☐ How I feel all the time or just sometimes
- ☐ Something else about my mood and feelings

8. My family and friends ☐

- ☐ Meeting with family and friends
- ☐ Things that have happened to my family or friends
- ☐ Something else about my family and friends

9. My activities and interests ☐

- ☐ Activities I enjoy doing
- ☐ Activities I do not enjoy and would like to change
- ☐ Something else about things to do

10. My technology ☐

- ☐ Using my phone, laptop, computer, iPad, or other devices
- ☐ Meeting with people online (Zoom, FaceTime, dating apps)
- ☐ Something else about technology

11. My money ☐

- ☐ Money for important things like my rent, my food, my phone, the bus or train, and the internet
- ☐ Money for getting help at home
- ☐ Something else about my money

12. My emergency plan ☐

- ☐ My plan in case I need to go to the hospital
- ☐ Who would come to the hospital
- ☐ Something else about emergencies

I want to talk about or ask

2 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, booking a health check-up, doing tests, seeing a different doctor, or information to read

Medications

Were there changes to my medications?

☐ Yes ☐ No

☐ New medications (if any):

☐ What side effects of medications do I need to watch for?

☐ Why do I need to take this new medication?

☐ How do I take this new medication?

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 #

3 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 or did not like about this visit

My next appointment is booked for

Date: day/month/year

Time:

☐ AM

☐ PM