

What you should bring to your Annual Wellness Visit:

The names of all your doctors:

Name	Specialty

A list of all your medications

Name of medicine	Dose (if you remember)

Have any of your close relatives had any health changes? ___ Yes ___ No

Has your mood changed? ___ Yes ___ No

Do you worry about falling? ___ Yes ___ No

Are you worried about your memory? ___ Yes ___ No

Are there any preventive tests you have done recently?
(such as lab tests, mammograms, x-rays) ___ Yes ___ No

Have you had any recent immunizations? ___ Yes ___ No

Do you have a living will or advance directive?
(If you have one, *please bring it with you.*) ___ Yes ___ No