

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