



PRE-VISIT CHECKLIST

What would you like to achieve during today's visit with your provider?

So that we can better meet your needs, please write down your top three concerns or goals that you want to discuss with your provider today. We hope that you will find this tool useful in talking to your provider about your personal health goals based on what's important to you!

The COVID-19 pandemic has placed significant stress on many of our lives. Please know that we are here for you. Please discuss with your provider what worries you or causes you stress. We have several tools to assist you with life as we Move Forward Together.

Thank You for helping us better meet your healthcare needs!

CONCERNS/GOALS

- ① _____
- ② _____
- ③ _____

Write any other questions you would like to talk about during today's visit.

- ① _____
- ② _____
- ③ _____

Notes from my visit:

For everyone:

1. Have you ever had a test to screen for colon cancer? If so, please put test results and date:
2. Have you had these vaccinations and if so, please provide date and locations:
 - a. Flu shot
 - b. MMR (Measles, Mumps and rubella)
 - c. Shingles
 - d. Tdap (tetanus, diphtheria, pertussis)
 - e. Pneumococcal PPSV23 (pneumovax)
 - f. Pneumococcal PCV13 (Pevnar 13)
3. Do you use tobacco of any kind?
 - a. If not but previously did, when did you quit?
 - b. If so, how much and for how long?
4. Have you ever been tested for Hepatitis C? if so, what were the results?

If you have diabetes:

1. Have you had an eye exam within the last year? If so, please put test results and date:
2. Have you had blood and urine tests from a community provider within the last year? If so, please provide a copy to your VA provider.

If you are female:

1. Have you ever had a mammogram? If so, please put test results and date:
2. Have you ever had a PAP test to screen for cervical cancer? If so, please put test results and date:
3. Have you ever had an osteoporosis screen (DEXA test) to check bone density? If so, please put test results and date

As you prepare for your appointment, consider talking with your provider and care team about some of these questions.

Check all that apply!

What things in my life worry me or cause me the most stress?

What conditions am I being seen for today?

What changes to my diet or activities should I make to improve my health?

Will I need an x-ray, surgery or other procedure?

Will I need to come back for a follow-up visit? _____

If so, when? _____

Will I need additional consults (e.g., hearing clinic, eye clinic)?
