## **Annual Care Checklist**

You can count on UnitedHealthcare® to help you get the care, tests and treatment you need. The following is a list of recommended preventive care services. Take this checklist to your next primary care provider (PCP) appointment and talk with your provider about which tests and services are right for you.¹

Annual wellness visit/ routine physical	Date done	As needed	Date done
Advance care planning		☐ Colon cancer screening for adults age 45 or older²	
☐ Blood pressure check		<ul> <li>☐ Hepatitis C virus infection screening for people at high risk and a one-time test for adults born between 1945–1965</li> <li>☐ Breast cancer screening (mammogram) every year starting at age 45; at age 55, it may change to every other year²</li> </ul>	
☐ Head-to-toe examination			
☐ Height, weight and body mass index (BMI)			
☐ Lifestyle screening: discuss alcohol use, healthy eating habits, available support for quitting tobacco, and more			
Vaccine review	Date done	For people with diabetes	Date done
☐ Flu (every flu season)		☐ Exam to detect diabetes-related eye issues	
☐ COVID-19			
☐ Pneumonia		<ul><li>Exam to detect diabetes-related foot issues</li></ul>	
☐ Shingles		☐ Hemoglobin A1c (HbA1c) check	
☐ Hepatitis B		☐ LDL cholesterol check	
As recommended by your PCP	Date done	Statin medication, if clinically appropriate	
☐ Dental exam			
☐ Hearing exam		Kidney Health Tests to help prevent or delay Chronic Kidney Disease (CKD)	
☐ Routine eye exam		☐ Urine Albumin Creatinine Ratio (uACR) test	
☐ Cholesterol screening			
☐ Bone mineral density test to screen for osteoporosis		☐ Estimated Glomerular Filtration Rate (eGFR) test	
☐ Fasting blood sugar screening			
☐ Cervical cancer screening (Pap test) for women ages 21–65		See back for important topics to prepare for your next appointment	epare for



## Important topics to discuss with your PCP

Take the opportunity to address health concerns or important topics with your PCP during your visit. Prepare for your appointment by completing the information below and write down recommendations your PCP has during your visit.

Medications	Mental health
☐ List the prescription drugs, over-the-counter medications, supplements and vitamins you're taking. Consider asking if there are lower-cost options available and be sure to let your PCP know if you're having trouble getting your medications.	☐ Let your PCP know if you're feeling sad or blue, or are having difficulty sleeping.
	☐ Or, any challenges you're experiencing in planning, or memory loss that disrupts daily life.
	Physical health
	☐ Discuss your physical health with your PCP, including if you're experiencing pain that interferes with your regular activities, work or social life.
Care team	Bladder control
List any specialists and other providers you see. This will help your PCP coordinate your care.	☐ I have problems with bladder control
	☐ I have problems with leaking of urine
	☐ I don't have bladder control or urine leakage problems
	Risk of falls
	☐ I have had one or more falls
Tests and treatments	☐ I have problems with balancing or walking
☐ List the tests ordered during your appointment.  Ask when you can expect results and how they'll be communicated.	☐ I don't have problems with balancing or falling
	Physical activity
	☐ Start exercising
	☐ Modify exercise
	☐ Maintain current exercise level
Other health concerns	

## We can help schedule your next appointment

If you need help scheduling an appointment, finding a pharmacy or understanding your plan, just call the Customer Service number on your member ID card.

<sup>&</sup>lt;sup>1</sup> This is a list of suggested screenings. Coverage for these screenings (including how often they are covered) may vary by plan. If you have questions about your specific benefits or coverage details, please call the Customer Service number on your member ID card or check your Evidence of Coverage.

<sup>&</sup>lt;sup>2</sup> American Cancer Society, 2023.

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