

FOR MORE INFORMATION

A wealth of free, updated information is available from government agencies and nonprofit organizations. Here are some leading resources.

Alzheimer's Association

www.alz.org

1-800-272-3900

American Association of Retirement

Persons (AARP)

www.AARP.org

1-888-687-2277

American Cancer Society

www.cancer.org

1-800-227-2345

American Diabetes Association

www.diabetes.org

1-800-342-2383

American Heart Association

www.heart.org

1-800-242-872

American Parkinson's Disease

Association

www.apdaparkinson.org

1-800-223-2732

American Red Cross

www.redcross.org

1-202-303-5000

Arthritis Foundation

www.arthritis.org

1-800-283-7800

Better Hearing Institute

www.betterhearing.org

1-800-327-9355

Medicare

www.medicare.gov

1-800-633-4227

National Institute on Aging

www.nia.nih.gov

1-800-222-2225

Mental Health America

www.nmha.org

1-800-969-6642

National Osteoporosis Foundation

www.nof.org

1-800-231-4222

National Stroke Association

www.stroke.org

1-800-787-6537

U.S. Social Security Administration

www.ssa.gov

1-800-772-1213





Tracking Your Journey to Wellness You're

TAKE CHARGE OF YOUR HEALTH AND WELLNESS_

PERSONAL INFORMATION Phone: HEALTHCARE PROVIDER INFORMATION Primary Physician: _____ Name: Phone: Specialist (dentist, Cardiologist, etc.) Name: _____ Name: ____ Phone: _____ Phone: _____ Specialty: _____ Specialty: ____ ADVANCE DIRECTIVES Do you have? Living Will / Advance Directives? Yes _____ No____ Does your doctor have a copy? Yes _____ No____

MEDICAL INSURANCE RECORDS

PRIMARY MEDICAL INSURANCE

Company Name:
Phone:
Address:
Policy Number:
SUPPLEMENTAL MEDICAL INSURANCE
Company Name:
Phone:
Address:
Policy Number:
OTHER (LONG-TERM CARE, DISABILITY, ETC.)
Company Name:
Phone:
Address:
Policy Number:
Company Name:
Phone:
Address:
Policy Number:
Company Name:
Phone:
Address:
Policy Number:

VACCINATIONS

VACCINATION	DATE	DATE	DATE	DATE	DATE
Influenza					
Influenza					
(Td/Tdap)					
Varicella					
(HPV) Female					
(HPV) Male					
Zoster					
MMR					
Pneumococcal					
Meningococcal					
Hepatitis A					
Hepatitis B					

YOUR MEDICAL HISTORY
Record all your hospitalizations, major illnesses, and surgeries here

DATE	DOCTOR	ILLNESS/TREATMENT/SURGERY	RESULTS/NOTES
	_		

ALLERGY HISTORY

List any known allergies you have and remind your healthcare provider of any Allergic reactions you had.

MEDICATION	REACTION

MISC ANNUAL SCREENING TEST_

HEALTH TEST FOR ADULTS

Schedule health test and screenings as recommended. Planning them

around your birthday may take them easier to remember.

Since recommended schedules for these tests may vary base on your personal medical history, ask your doctor what is right for you

*Page # to log your results	*Page # to log your results				
TEST	SEX	FREQUENCY			
BLOOD GLUCOSE TEST (For diabetes) *Page 4	M & F	If you are overweight. If results are normal, retest every 3 years; if results indicate pre-diabetes, retest every 1-2 years			
BLOOD PRESSURE READING *Page 6	M & F	Every 1-2 years; more frequently if over 140/90 or as directed by doctor			
BREAST CANCER SCREENINGS *Page 9	F	Mammogram and clinical breast exam (CBE) annually Choose whether or how often to do breast self-exam (BSE)			
CHOLESTEROL CHECK *Page 5	M & F	Every 5 years of as directed by doctor			
COLORECTAL SCREENINGS *Page 8	M & F	One of these 7 test: Test that find polyps and cancer (preferred by the American Cancer Society): • flexible sigmoidoscopy every 5 years • double-contrast barium enema every 5 years • CT colonography (virtual colonoscopy) Every 5 years • Colonoscopy every 10 years Test that mainly find cancer: • Fecal occult blood test every year • Fecal immunochemical test every year • Stool DNA test (talk with your doctor about frequency)			
DENTAL CHECKUP *Page 13	M & F	Every 6 months			
ENDOMETRIAL SCREENINGS *Page 4	F	Starting at menopause: Report unexpected bleeding or spotting to doctor			
EYE EXAM *Page 12	M & F	55-64: as directed by your doctor 65 and older: every 1-2 years Every 3 years or when problem is			
HEARING TEST *Page 13	M & F	Every 3 years or when problem is suspected			

TEST	DATE	DATE	DATE	DATE	DATE
Mental Health (PHQ9)					
Fall Risk					
Bladder Control					
ADL's					
Malnutrition					
Dementia					

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Recommended Screening Schedule

Monthly skin self- exams and a yearly skin exam by a doctor

DATE	DORTOR	RESULTS

THYROID

FUNCTION
Recommended Screening Schedule
Age 35 and over: Every 5 years or as directed by doctor.

DATE	TEST	RESULTS	IN RANGE (Y/N)

TEST	SEX	FREQUENCY	
OSTEOPOROSIS TEST (for bone density) *Page 9	F M	Under 65: for postmenopausal women with risk factors—baseline test, then as needed 65 and older: baseline test, then as needed 55-69: for men with risk factors, any type of fracture, rheumatoid arthritis, or other conditions associated with bone loss—initial test, then as needed 70 and older: one time, or more often as directed by doctor	
PAP TEST *Page 10	F	Every 1-2 years, base on type of Pap test used	
PELVIC EXAM *Page 10	F	Annually	
PRÖSTATE- SPECIFIC ANTIGEN BLOOD TEST (with or without Digital Rectal Exam)*Page11	M	Discuss with your doctor your risk level for prostate cancer and the pro and cons of screening	
ROUTINE PHYSICAL *Page 4	M & F	Annually	
TESTICULAR CANCER EXAMS *Page 11	M	Clinical exam when you have a Complete physical exam or upon Detection of lumps Self-exam monthly	
THYROID SCREENING*Page14	M & F	Every 5 years or as directed by doctor	
VACCINATIONS *Page 16	M & F	 Influenza one doze annually Tetanus(Td/dap) 1 time dose of Tdap for Td booster, then boost with td every 10 years, 65 + years Td/Tdap Varicella 2 doses Human P. (HPV) 3 doses Zoster 1 dose age 60 Measles, mumps, rubella (MMR) 1 or 2 doses Pneumococcal(polysaccharide 1 or 2 doses Meningococcal 1 or more doses Hepatitis A 2 doses Hepatitis B 3 doses 	

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HEALTH TEST RESULTS

Record your results from the health test recommended on pages 2 and 3 (For cholesterol results see page 5, be sure to record numbers for total cholesterol, LDL, HDL, and triglycerides.)

DATE	WHERE DID YOU HAVE IT DONE	TEST	RESULTS

DENTAL HEALTH

Recommended Screening Schedule

Every six months

DATE	EXAM (Y/N)	CLEANING (Y/N)	RESULTS/NOTES

HEARING

Recommended Screening Schedule

Age 18-50: Every 10 years. Age 51 and over: Every 3 years

DATE	EXAMINER/SITE	PURE TONES L R	RESULTS/NOTES

VISION

Recommended Screening Schedule

Age 20-29: At least once. Age 30-39: At least twice. Age 40: Baseline eye disease screening. Age 40-64: As directed by doctor. Age 65 and over: Every 1-2 years

DATE	FACILITY	TEST	RESULTS

DIABETIC RETINAL SCREENING

Recommended Screening Schedule

Age 20-29: At least once. Age 30-39: At least twice. Age 40: Baseline eye disease screening. Age 40-64: As directed by doctor. Age 65 and over: Every 1-2 years

DATE	DOCTOR	NOTES

CHOLESTEROL

Recommended Screening Schedule

Age 20 and over: every 5 years or as directed by doctor. The blood test requires 9-12 hours of fasting beforehand

HDL

Less than 40 mg/dL for men and Less than 50 mg/dL for women	Increase risk for Heart Disease
60 mg/dL and over	Lowered risk for Heart Disease

TOTAL BLOOD CHOLESTEROL

Less than 200 mg/dL	Desirable
200-239 mg/dL	Borderline High Risk
240 mg/dL and over	High Risk

TRIGLYCERIDES

Less than 150 mg/dL	Normal
150-199 mg/dL	Borderline High
200-499 mg/dL	High
500 mg/dL and over	Very High

DATE	TOTAL CHOLESTEROL	LDL	HDL	TRIGLYCERIDES

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BLOOD PRESSURE

Recommended Screening Schedule

Age 20 and over: Every 1-2 years; more frequently if over 140/90, or as directed by doctor

DATE	BLOOD PRESSURE	DATE	BLOOD PRESSURE	DATE	BLOOD PRESSURE

CLINICAL TESTICULAR EXAM

Recommended Screening Schedule

Age 15 and over: Clinical testicular exam during physical exam or upon detection of lumps. Testicular self-exam monthly

DATE	TEST	DOCTOR	RESULTS/NOTES

PROSTATE HEALTH

Recommended Screening Schedule

Age 40 and over: Determine with doctor your risk level for prostate cancer. Discuss with doctor the pros and cons of screening - at age 40 if you are at highest risk, at age 45 if you are African American or at high risk, at age 50 if you are at normal risk

DATE	TEST	FACILITY	RESULTS/NOTES

CERVICAL CANCER SCREEN (PAP SMEAR)

Pelvic Exam Recommended Screening Schedule
Annually starting at age 18: earlier if sexually active before 18

DATE	FACILITY	TEST	RESULTS

SEXUALLY TRANSMITTED DISEASES TEST

Recommended Screening Schedule

Sexually active women 25 years and younger/Sexually active men no in a long-term, mutually monogamous relationship/Sexually active women no in a long-term, mutually monogamous relationship/Sexually active men who have sex with men and are not in a long term, mutually monogamous relationship/Pregnant women/Any woman seeking STD evaluation or treatment / Any man seeking STD evaluation or treatment

DATE	STD TEST	RESULT/NOTES

BLOOD PRESSURE

Recommended Screening Schedule

Age 20 and over: Every 1-2 years; more frequently if over 140/90, or as directed by The doctor

DATE	BLOOD PRESSURE	DATE	BLOOD PRESSURE	DATE	BLOOD PRESSURE

WEIGHT

Your weight affects more than just how you look. It can't be a contribution factor in many diseases. Get on the road to weight management by recording your weight at regular intervals. You'll be able to see whether you are gaining weight, losing weight or staying at the same weight. Then you can decide what actions to take.

DATE	WEIGHT	DATE	WEIGHT

COLON HEALTH

Recommended Screening Schedule

Age 50 and over: One of these 7 tests. Talk to your doctor to about which test is best for you.

Test that find polyps and cancer (preferred by the American Cancer Society):

- flexible sigmoidoscopy every 5 years*
- double-contrast barium enema every 5 years*
- CT colonography (virtual colonoscopy) Every 5 years*
- Colonoscopy every 10 years

Test that mainly find cancer:

- Fecal occult blood test every year*
- Fecal immunochemical test every year*

Stool DNA test (talk with your doctor about frequency)*

* If test results are positive, colonoscopy also should be done.

DATE	TEST	FACILITY	RESULTS/NOTES

BREAST SCREENING / BONE DENSITY

CLINICAL BREAST EXAM

DATE	EXAMINER	RESULTS/NOTES

MAMMOGRAM

DATE	EXAMINER	RESULTS/NOTES

BONE DENSITY

DATE	EXAMINER	RESULTS/NOTES	