## PROACTIVE MEDICAL

## SCREENINGS

ANNUALY

# ANNUALLY

## ANNUALL

2X/YEAR

2X/YEAR

#### WELLNESS EXAM

A regular check in with your medical provider for routine medical screenings like blood pressure, heart rate, neuromuscular screening, potentially EKG and routine blood work like a CBC, thyroid, and cholesterol screening. These visits will also refer you to regular screenings like colonscopy when you reach a certain age.

#### ANNUAL GYNECOLOGICAL EXAM

For people who have a vagina, this is typically recommended annually to have a PAP smear, breast examination, and check in on their pelvic organs. This assessment will also make sure to refer you for your mammogram when it is the correct time.

#### **EYE EXAM**

Go to your favorite eye doctor to get your peepers checked. This is a great way to check in on your overall health and even more important if you've noticed vision issues or have had a recent onset of headaches or dizziness.

### **DENTAL CHECK UPS**

Research studies link cardiovascular health to dental health. It is important to get your teeth checked and cleaned two times a year to maintain their health!

#### SKIN CHECKS

It is very important to go to a skilled dermatologist for skin checks 2 times per year to make sure there are no growths or problem areas that would benefit from early intervention.

## CDEENING

## FAMILIAL MEDICAL

## HISTORY

Write in the known medical issues of the following biological family members.

1 MOTHER 2 FATHER

MATERNAL GRANDPARENTS PATERNAL GRANDPARENTS

NAME:				
PROVIDERS ——				
DATE UPDATED:				
PCP				
OBGYN				
JROGYN JROLOGIST				
NDOCRINOLOGY				
GASTROINTESTINAL				
CARDIOLOGY				
DERMATOLOGY	•			
HEMATOLOGY				
PODIATRIST	•			
NEUROLOGIST	•			
ORTHOPEDIST	•			
DENTIST	<u> </u>			
OPTHAMOLOGIST OTHER:				
OTHER:				
OTHER:				
OTHER:				
OTHER:				
OTHER:				

## MEDICAL OVERVIEW

## SUMMARY

List if you have any implantable items like IUD, joint replacement, etc

Implants:\_\_\_\_\_

MEDICATION	SUPPLMENTS
MEDICAL TESTS	SURGERIES

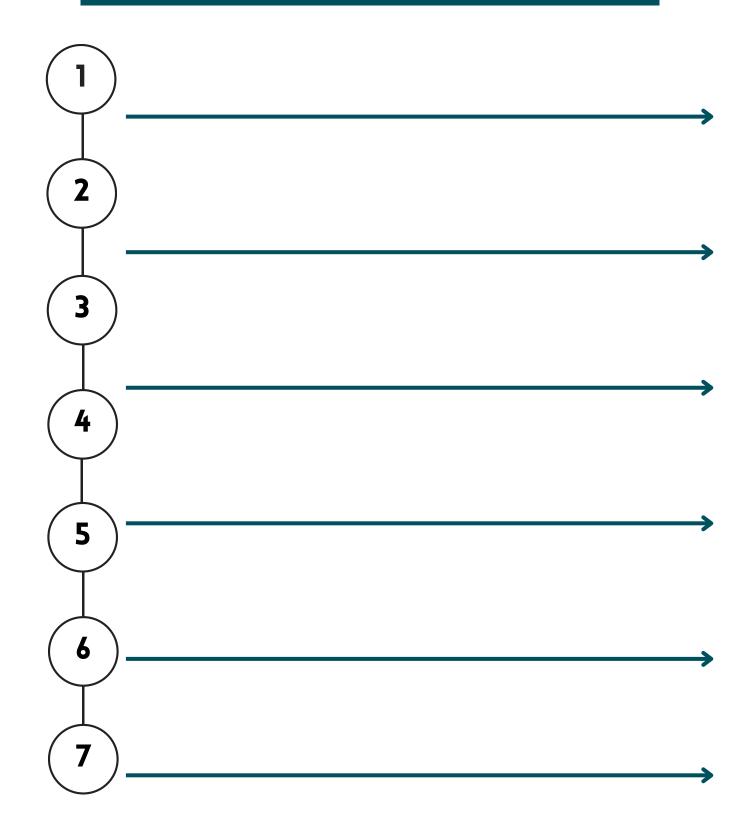
## VISIT PREPARATION

Use this worksheet to help you prepare for your upcoming appointment.

DID YOU HAVE ANY TESTING FOR THIS VISIT?  Make sure to complete this in a timely manner and have results sent to your providers.	
	1
DID YOU HAVE ANY BLOODWORK FOR THIS VISIT?  Make sure you have completed this and sent it to your providers.	
	2
HAVE YOU THOUGHT OF ANY QUESTIONS OR CONCERNS SINCE YOUR LAST VISI T?	
	3
HAVE ANY NEW MEDICAL, PHYSICAL, OR LIFE CHANGES HAPPENED SINCE YOUR LAST VISIT THAT YOU SHOULD DISCUSS WITH YOUR PROVIDER?	
	4

## **BRAINSTORMING PROVIDER**

## QUESTIONS



### **POST VISIT**

## CHECK IN

Fill in after a provider visit.

ASK YOURSELF	WRITE YOUR ANSWERS HERE
What was my goal for this visit?	
Did I achieve the goal of this visit?	
Were my concerns heard and acted upon?	
Was I given new instructions, information, medications, etc?	
Do I feel comfortable with the events of this visit and my plan of care? Do I need further support?	



WE HOPE THIS GUIDE WAS HELPFUL TO YOU.

PRACTICALLY PERFECT PHYSICAL THERAPY IS AN INSUANCE BASED PRACTICE THAT SPECIALIZED IN 1:1 CARE TO HELP YOU ACHIEVE YOUR HEALTH GOALS TO LIVE YOUR BEST LIFE.

IF YOU'D LIKE TO SCHEDULE AN APPOINTMENT WITH US, PLEASE CONTACT US!

# PRACTICALLY PERFECT PHYSICAL THERAPY

#### **GET IN TOUCH**



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