



Allied Healthcare
ASSOCIATES

What should you bring to your Annual Wellness Visit?

The names of ALL of your doctors:

Name	Specialty

A list of ALL your medications:

Name of Medication	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

Do you have a living will or advance directive?
(If you have one, please bring a copy of it with you) Yes No

Are there any preventative tests you had done recently?
(Such as lab testing, mammograms, x-rays) Yes No
If yes, please specify _____

Have you had any recent immunizations? Yes No
If yes, please specify _____