



## Annual Physical Exam Checklist, Tracking Sheet & Doctor Memo

### What should I bring with me?

- ✓ This checklist, tracking sheet and important message (see page 2) for my doctor
- ✓ Current medical insurance information
- ✓ Up-to-date list of all medications (prescription and over-the-counter)
- ✓ List of all dietary and herbal supplements
- ✓ List of questions I want to ask my doctor

### What can I expect during my exam?\*

- ✓ Vital Signs (Blood Pressure, Heart Rate, Respiration Rate, Temperature)
- ✓ Head and Neck Exam (Throat, Tonsils, Teeth and Gums, Ears, Nose, Sinuses, Lymph Nodes, Thyroid and Carotid Arteries)
- ✓ Abdominal Exam (Liver Size, Fluid, Bowel Sounds, Tenderness)
- ✓ Recommended Lab Tests (Follow your doctor's guidelines on the number of hours to fast)
- ✓ Cholesterol Screening – every 5 years (more frequently with risk factors)
- ✓ Your doctor will discuss with you necessary Preventive Screenings (age and gender appropriate)
- ✓ Might also include: For Males – testicular and hernia exams; For Women – breast and pelvic exams

### What is the difference between preventive and diagnostic care?

**Preventive care** is generally precautionary. Let's say your doctor wants you to have a colonoscopy, because of your age. That is preventive care and usually costs you nothing extra.

But let's say your doctor wants you to have a colonoscopy, because of symptoms you're having. That is **diagnostic care**. You have to pay part of the costs.

**If your doctor recommends a specific exam, be sure to ask if it is for preventive care or diagnostic purposes. Most preventive care is covered 100 percent as of July 1, 2015. Check your health plan for details.**

**Ask questions** about anything that seems unclear to you, such as the names and purposes of tests your doctor may order. Ask if there are any changes since your last exam.

Track your numbers below and enter them into your health plan's online Health Assessment (Wellness Profile)

**\*Note:** This is a list of the most common items covered during regular annual preventive exams. These may vary relative to the individual and provider needs.

<b>Height</b>	<b>Weight</b>	<b>Glucose</b>	<b>Fasting</b>	<b>Blood Pressure</b>
<input type="text"/> ft <input type="text"/> <input type="text"/> in	<input type="text"/> <input type="text"/> <input type="text"/> lbs	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> Yes        No	<input type="text"/> <input type="text"/> <input type="text"/> Systolic <input type="text"/> <input type="text"/> <input type="text"/> Diastolic
<b>Cholesterol</b>		<b>Screening Date:</b>		
HDL: <input type="text"/> <input type="text"/> <input type="text"/>	TRI: <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
		(Month)	(Day)	(Year)
LDL: <input type="text"/> <input type="text"/> <input type="text"/>	Total: <input type="text"/> <input type="text"/> <input type="text"/>	<b>Must supply new results each year to qualify</b>		

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Important Message For My Doctor (Please provide this to your health care provider):**

My employer, the State of Delaware, cares about my health and well-being and encouraged me to focus on **preventive care** by attending my annual physical exam today. I want to make sure I am as healthy as I feel and ensure I am up to date with my age-appropriate screenings. I understand as part of my physical exam, you will measure my height and weight, review my health history, check my vital signs and general appearance, listen to my heart and lungs, examine my head, neck and abdomen and order recommended lab tests to evaluate my glucose and cholesterol levels.

I would like for you to review my physical exam results with me and use the information to coordinate a personalized care plan for me. As a participant in my employer’s comprehensive wellness and disease management program, DelaWELL, I have access to a wealth of free programs, services and tools through my health carrier that can be included as part of your care plan for me. For example, I have access to a registered nurse Health Coach that can assist me with following your recommendations for condition management, prescription adherence, physical activity, nutrition, weight management, stress management and tobacco cessation. I also have access to an online Health Assessment (Wellness Profile) which is an online series of questions about topics ranging from blood pressure to exercise habits. It is designed to identify my current and future health risks. After I complete the online Health Assessment (Wellness Profile), I receive a detailed health summary, personalized action plan and recommendations for health and wellness programs that can help improve my health.

Please visit [www.ben.omb.delaware.gov/delawell](http://www.ben.omb.delaware.gov/delawell) to learn more about the DelaWELL Health Management Program and how the program can assist me with meeting the goals that you and I set forth.

Thank you for your support!

Member’s Name: \_\_\_\_\_