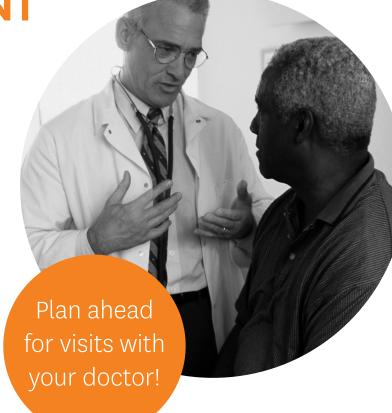


MAKING MY
OFFICE VISIT COUNT

It's all part of my plan.

Your health is important. And Sunflower
Health Plan wants to help you get the most
out of your visit to your primary care provider
(PCP).

The checklists below include suggestions of what you can do before, during and after your PCP visit. Use the worksheet on the back to help you prepare for your appointment and for writing notes during your visit. Take charge of your health by asking questions and sharing information, so your PCP can help you receive the best possible care.



Use the checklists below before, during and after your PCP visit:



Before Your Visit

- ☐ Call to confirm your appointment and to make sure your doctor is part of Sunflower Health Plan.
- ☐ Fill out the worksheet on the back and include any questions you want to ask during your visit.
- ☐ Write down any health issues you've noticed, like changes in your weight, sleep or mood.



During Your Visit

- Use your worksheet to help you fill out any office paperwork.
- Ask questions about your blood pressure or weight.
- ☐ Check about scheduling tests for blood sugar or cholesterol.
- ☐ Take notes about any important information you want to remember, like instructions, prescriptions or referrals.



After Your Visit

- ☐ Schedule any follow-up appointments and your next wellness visit.
- Check on test results.
- ☐ Pick up any prescriptions.

Office Visit Worksheet

Next annual wellness visit date is:

Pick up these prescriptions: _____

Call back on this date for test results:





| List all med | amedications you are currently taking, includin | | | | |
|--|--|--|------------------------|---|--|
| | more room, make a separate list and brir | _ | | | |
| Medication | Dose | Dose (milligrams) | | Time of day taken | |
| | | | | | |
| | | | | | |
| Do you hav | re any health concerns you want to talk ab | oout? | | | |
| | | | | | |
| ☐ Mo | been any changes in your family since you ve | Marital status (Marriage | |) Death in the family | |
| Topics to d | discuss with your doctor: Ask about where to get a flu shot in the | PPOINTMENT | | # KNOW YOUR | |
| Smokers: | Find out about any tests or screenings for Consider talking about quitting and programmer. | or blood sugar and chole grams available. | | NUMBERS | |
| Women: Men: | Ask about a well-woman exam, family p Ask about a prostate exam and family p | 0 | er screening. | Take charge of your health by knowing these important numbers and what they mean. | |
| Prescriptions from your doctor: Drug | | | | What is my blood pressure? | |
| Is there a g | generic alternative? | Dos | 0 | (Goal: <140/90) | |
| Referrals from your doctor: LabSpecialist | | | | What is my Body Mass Index (BMI)? (Goal: <25) | |
| Imaging | | | | What is my blood sugar? | |
| Imaging _ | | | (Goal for non-diabetic | | |
| | m your doctor visit: | | | , , | |