

What to Bring to Your Annual Wellness Visit

Name: _____

Date of Birth: _____

The names of all the doctors on your health care team including specialists (eye doctor, cardiologist, foot doctor):

Name	Specialty

A bag with all of the medicines you take including over-the-counter drugs, vitamins and herbals:

Name of Medicine	Dose

Name: _____

Date of Birth: _____

The names and locations of your pharmacies:

Name of Pharmacy	Location

The name of your home health agency:

The names of your medical equipment supply companies (example: oxygen supplier):

Name of Company	Equipment

This material, originally prepared by MaineHealth (<http://www.mainehealth.org/AWV>) was adapted and is provided by HealthInsight, the Medicare Quality Innovation Network – Quality Improvement Organization for Nevada, New Mexico, Oregon and Utah, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. publ #11SOW-CORP-17-47