

## 1 Talk to your doctor

Date of appointment \_\_\_\_\_

Make sure both you and your doctor have these important discussions.

**Falls:** Have you fallen since your last visit?

Yes      No

**Physical activity:** What's the right amount for you?

**Screenings:** What preventative health screenings do you need?

**Bladder:** Have you had any bladder control issues?

Yes      No

### Have other questions for your doctor?

List them here:

1.

2.

3.

## 2 Your medications (include prescriptions, over-the-counter medicines, vitamins, and supplements)

Medication      Condition


### New medication information (get the following from your doctor)

Name of medication

Reason for taking it

How often you need to take it

How long to take it for

Take with or  
without food

Any side effects

With

Without

## 3 Notes from your visit

Any important information discussed during your visit

Tufts Health Plan is an HMO plan with a Medicare contract. Enrollment in Tufts Health Plan depends on contract renewal.

Tufts Health Plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-701-9000 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-701-9000 (TTY: 711).

2. Fold along this line

1. Fold along this line