



Annual Wellness Visit

The Annual Wellness Visit is a comprehensive, one-on-one consultation with your health care provider. It is a chance for you to receive an updated report on your health! It is also a great time to ask questions about what you can do to stay healthy.

- ✓ **Schedule your Annual Wellness visit**
Next appointment date and time:

- ✓ Be sure to review this form, complete questions, and bring it with you to your visit.
- ✓ **Prepare a list of topics to discuss with your health care provider. Some topics include:**
 - Physical, mental/emotional and urinary health
 - Falls or issues with balance when you walk or stand
 - Other topics you find important
- ✓ **Talk about any medications you are currently taking, including over-the-counter medicines, vitamins, herbs, supplements**
 - Discuss any symptoms you have experienced or if you have any concerns taking your medications.
 - Update your list of medications or bring medication bottles with you to your visit.
 - Ask your provider about 90-day supply of medications.
- ✓ **Ask your provider for a wellness plan at your visit**

ADVANCE DIRECTIVES

An *Advance Directive* is a written document that lets you plan ahead for the care you would want if you could no longer express your wishes. It may include preparation of one or more easy-to-use legal forms such as a *Health Care Proxy*, which can help to make sure that your health care decisions are followed and made by people you trust. Most importantly, advance care planning begins by thinking about the health care decisions you would want and letting your family and friends know your wishes. It is an important topic at any age because illness or injury can happen anytime.

Have discussions about your wishes and medical treatment options with family and friends, as well as your health care team. Talk to your provider about which *Advance Directive* option might be best for you: *Living Will*, *Health Care Proxy*, *Nonhospital Order Not to Resuscitate (DNR)*, *Medical Orders for Life Sustaining Treatment (MOLST)*

To learn more, visit:

health.ny.gov/community/advance_care_planning

For a *Health Care Proxy*, visit:

bit.ly/MPH_HCPF_English

FOUR TIPS FOR FALL PREVENTION

- ✓ Begin an exercise program to improve your leg strength & balance
- ✓ Ask your doctor or pharmacist to review your medicines
- ✓ Get annual eye check-ups & update your eyeglasses
- ✓ Make your home safe by:
 - Removing clutter & tripping hazards
 - Putting railings on all stairs & adding grab bars in the bathroom
 - Having good lighting, especially on stairs and path to bathroom at night

THINKING ABOUT QUITTING SMOKING?

If you are a current smoker, are you thinking about quitting tobacco?

Discuss a treatment plan with your provider to help you take steps and quit smoking.

NYSQUITLINE also offer free and confidential services that can help! Call 866.697.8487 or visit nysmokefree.org

Shape Up NYC is a free fitness program with locations across the five boroughs. Classes like aerobics, yoga, Pilates, Zumba, and much more are all available to you. **Classes may require registration in advance.** To see a list of upcoming classes, please visit: www.nycgovparks.org/seniors

Physical Health

What you can do with your body, such as walking and going up or down stairs.

✓ **Talk with your provider about your physical health. Some topics may include:**

- Limitations you may have with your daily life (cooking, cleaning, bathing)
- Eating a healthy well-balanced diet
- Getting a flu shot every year
- Getting COVID vaccine/booster shot
- Limiting the risks for falls
- Report any fractures, get screenings and treatment for weak/brittle bones.
- An exercise plan that is right for you
- Discuss symptoms including severity of pain and how it affects you.

Last year, my physical health was:

- Excellent Not Good
 Good

Today, my physical health is:

- Excellent Not Good
 Good

How often do you exercise?

- Once a day
 1-2 days per week
 3-5 days per week
 I do not exercise

My provider's exercise plan for me is:

- Start exercising _____ days per week
 Exercise _____ more days per week
 Exercise the same amount each week

Other Notes: _____

Mental/Emotional Health

Mental/Emotional health refers to how you think, feel and act.

✓ **Talk with your provider about topics such as:**

- The way you handle stress
- Your feelings (down, hopeless, angry, sad)
- Your support and resources

✓ **Ask for support if you are not feeling well**

Do your feelings limit what you do daily? If yes, list the reason(s) below:

Last year, my mental/emotional health was:

- Excellent Not Good Good

Today, my mental/emotional health is:

- Excellent Not Good Good

How often do you feel _____?

Peaceful:

- Daily Most days Never

Full of energy:

- Daily Most days Never

Sad or hopeless:

- Daily Most days Never

My provider recommends that I:

- Contact a mental health provider or MetroPlusHealth at **800.303.9626** (TTY: 711) Monday to Friday, 8 am – 8pm, and Saturday, 9 am – 5 pm

- Join a social support group

Other Notes: _____

Urinary Health

Leaking urine can be a topic you may feel uncomfortable talking about with your provider, but your provider can offer help. It is important to talk to your provider about your urinary health.

Have you ever accidentally leaked urine, even small drops?

- Yes
 No

Do you have to rush to the bathroom because you get a sudden, strong need to urinate?

- Yes
 No

If you answered YES to either of the two questions above it is important to talk to your provider about urine leakage at your next visit.

METROPLUSHEALTH MEMBER REWARDS

Register today for our Member Rewards program and start earning rewards when you complete certain healthy activities. To join the program, call **866.986.0356** (TTY: 711) Monday to Friday, 8 am – 8pm, and Saturday, 9 am – 5 pm, or visit metroplus.org/member-rewards/

Additionally, members are eligible to receive up to \$155 monthly in a pre-paid **Flex Card** to use toward groceries, personal emergency response systems, home/bathroom safety devices, utilities, cable, and phone services. For more information, call **888.439.9370** (TTY: 711) at any time or visit metroplus.nationsbenefits.com/login

