What you should bring to your Annual Wellness Visit:

- 1. Completed Health Risk Assessment
- 2. Completed Depression Screening Questionnaire
- 3. The completed information below and your medication bottles.

The names of all your doctors:

Name	Specialty

Have any of your close relatives had any health changes?

____Yes ____No

Has your mood changed?

Do you worry about falling? ____Yes ____No

Are you worried about your memory? ____Yes ____No

Are there any preventive tests you have done recently? <u>Yes</u> No

(such as lab tests, mammograms, x-rays)

Have you had any recent immunizations?

Do you have a living will or advance directive? ____Yes ____No (If you have one, *please bring a copy of it with you*.)