

Patient checklist

Name _____

Date of birth _____

What's on your mind today? Please mark any of the following items you would like to talk about with your physician.

Please circle the items below you would like to discuss:

Health and well-being



Medications



Screenings and tests



Diabetes



Vaccinations



Other

To help keep myself healthy, I would like to work on:



Exercise



Diet and healthy eating



Weight loss



Coping with stress



Reducing unhealthy habits



Taking medicine correctly

Please tell your physician if you are having problems with any of these:



Urine leakage/bladder control



Balance problems or falling

Emotional health

Not at all

Several days

More than half the days

Nearly every day

Over the past four weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling down, depressed or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems completing your daily activities as a result of your physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Humana®



In a few weeks you may be selected by Humana for a telephone survey about your visit today. Please accept the call and complete the survey by answering each question with your open and honest thoughts. Your participation is completely voluntary and your answers will not affect your plan benefits or what you pay for them.

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This is for informational purposes only and does not replace treatment or advice from a healthcare professional. If you have questions, please talk with your healthcare provider. Talk to your provider before beginning an exercise program or making any changes to your diet.

Important

At Humana, it is important you are treated fairly.

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- The following department has been designated to handle inquiries regarding Humana's non-discrimination policies: Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**.

Auxiliary aids and services, free of charge, are available to you.

877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

This information is available for free in other languages. Please call our customer service number at 877-320-1235 (TTY: 711). Hours of operation: 8 a.m. – 8 p.m. Eastern time.

Español (Spanish): Llame al número indicado para recibir servicios gratuitos de asistencia lingüística. **877-320-1235 (TTY: 711)**. Horas de operación: 8 a.m. a 8 p.m. hora del este.

繁體中文 (Chinese): 本資訊也有其他語言版本可供免費索取。請致電客戶服務部：**877-320-1235 (聽障專線：711)**。辦公時間：東部時間上午 8 時至晚上 8 時。