

Get more out of your doctor visits



Changes to discuss

Here are questions to ask yourself before your appointment. Check any that may apply to you and tell your doctor about any changes since your last appointment.

Your physical health

Have you been in the ___ hospital ___ emergency room or ___ urgent care center?

Have you ___ fallen or ___ lost your balance?

Do you have:

___ Joint pain or ___ stiffness

___ Bowel or ___ bladder/urinary problems

___ Shortness of breath or ___ chest pain

___ Headaches or ___ dizziness

___ Vision or ___ hearing loss

___ Skin changes

___ Memory concerns

Your medications

Are you:

___ Taking your medications as prescribed

___ Taking any new medications

___ Skipping medications because you don't have transportation, can't afford them or forget to take them

___ Taking any supplements (vitamins, minerals, pain medications, etc.) or over-the-counter medications (used to treat pain, coughs, colds, flu, etc.)

___ Not taking any medications because of the side effects

Do you have any side effects with your current medications? _____

Your lifestyle

Are you:

___ Walking more or ___ less

___ Exercising more or ___ less

___ Gaining or ___ losing weight

___ Eating more or ___ less

___ Drinking more alcohol

___ Smoking more or ___ less

___ Using marijuana or ___ CBD

Your emotional health

Are you:

___ Lonely or ___ isolated

___ Sad or ___ depressed

___ Moody or ___ have mood swings

___ Out of touch with family or ___ friends

___ Worried about your finances or ___ the future

Annual preventive care checklist

Protect your health

Maintaining your health ensures your independence, security and productivity.¹ Keeping up with preventive health screenings and exams are an important part of your future care strategy and can help you manage small issues before they become bigger health concerns. Plus, you can earn Go365® rewards when you complete eligible preventive activities.

Ask your doctor which of these preventive screenings are recommended for you and plan to schedule your appointments. **Be sure to check with your healthcare plan to see what screenings are covered.**

Activity	Schedule by
Once a year:	
Flu shot	
COVID-19 booster	
Annual Wellness Visit (includes review of health history, creating a health plan, prescription review and measurements of blood pressure, height, weight and body mass index)	
For women:	
Cervical cancer screening	
Breast cancer screening	
For men:	
Prostate cancer screening	
For everyone:	
Bone density screening	
Cholesterol screening	
Colorectal cancer screening*	
Home test kit	
Colonoscopy screening	
Dental exam	
Eye exam	
Hearing exam	
For diabetics:	
Diabetic eye exam	
Diabetic kidney function test	
Diabetic HbA1c test	
Diabetic foot check	

*Maximum earn up to \$50, once per year.

1. "Physical Activity Guidelines for Americans," 2nd edition, U.S. Department of Health and Humana Services, last accessed October 2022, https://health.gov/sites/default/files/2019-09/Physical_Activity_Guidelines_2nd_edition.pdf.

Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
If you need help filing a grievance, call **877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

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.

Language assistance services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog - Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda'í béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

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الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك