**Preparing for your Medicare Wellness Visit**

**Name:\_\_\_\_[prepopulated]\_\_\_\_\_\_ Date of Birth:\_prepopulated]\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_**

1. **Bring a Living Will (also called an Advance Care Plan) if you have not shared a copy with our office, or if you have updated it since your last visit.**
2. **List the names of all the doctors on your healthcare team including specialists (For example; eye doctor, foot doctor, dentist, dermatologist, chiropractor):**

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| --- | --- |
| **Name of Doctor** | **Specialty** |
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1. **Bring a bag with all the medication(s) you are currently taking in the prescriptions bottles you received from the pharmacy. Include any over-the-counter drugs, vitamins and herbals, AND please list all medication(s) below:**

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| --- | --- |
| **Name of Medicine** | **Dose** |
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**Name:\_\_\_\_[prepopulated]\_\_\_\_\_\_ Date of Birth:\_prepopulated]\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_**

1. **List the names and locations of your pharmacies:**

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| --- | --- |
| **Name of Pharmacy** | **Location (City, State)** |
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1. **List the names of your medical equipment supply companies (example: oxygen supplier):**

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| --- | --- |
| **Name of Company** | **Equipment** |
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1. **Make a note of what you’d like to talk with your health care provider about during this visit.**

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