

Every Visit

Date	Doctor	Notes

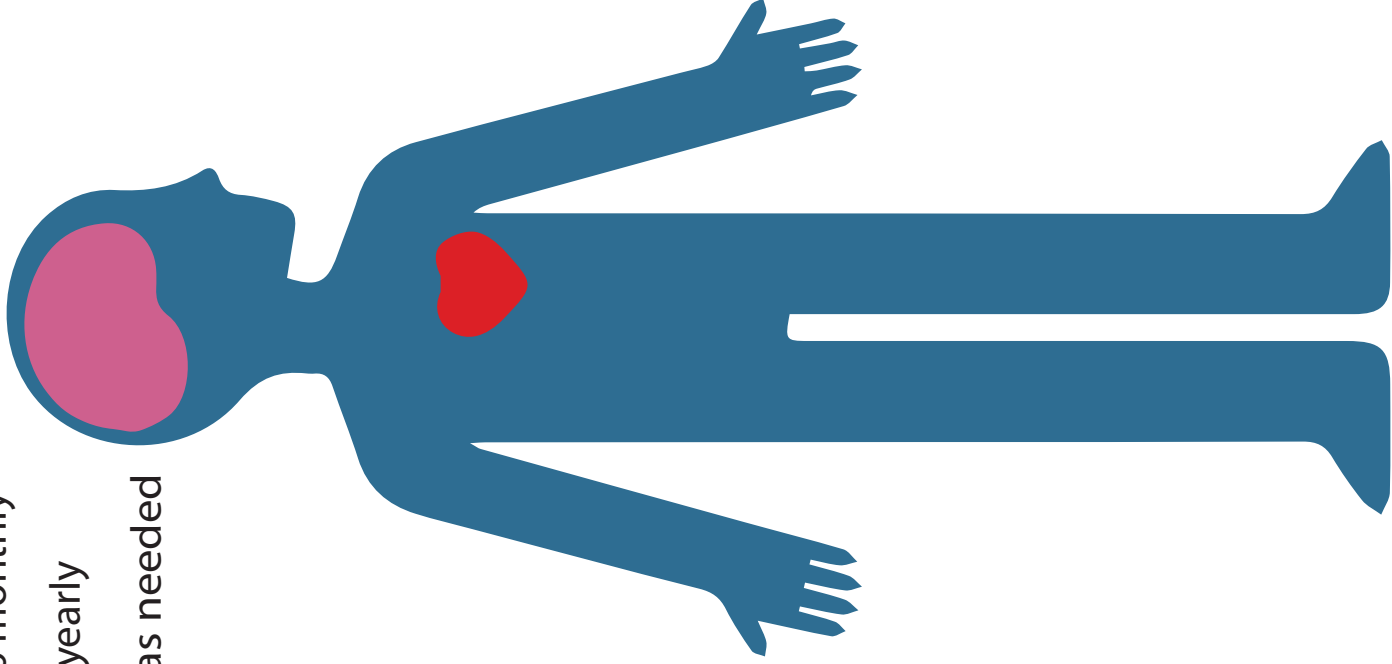
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Co-design with Consumer Reference Group
and consumers

My Health Checklist



- every visit
- 3 monthly
- 6 monthly
- yearly
- as needed



Lifestyle
Alcohol/ other drugs
Smoking

Mental wellbeing
Neuro-cognitive
Cognitive Function
Social isolation
Depression etc.

Nutrition

 Metabolic check up
cholesterol / diabetes

Medication review and side effects
ARV and other prescribed medication

Bone density assessment

Falls risk / Frailty assessment
Peripheral neuropathy

Cardiovascular risk

Cancer screening
cervical screen
prostate health
breast check
HPV

Dental

Optometrist-eyes

Hearing Test

Sexual health screen

Vaccinations

Travel Health Care Check
Prescription travel letter from Dr

Blood Pressure at Pharmacist

OBSERVATIONS

Name _____

Weight _____

Height _____

P/ BP _____

Waist circumference _____

BMI _____

Date _____

Observations
vital signs and weight (every visit)
height and Waist circumference (annually)
BMI

Individual needs