My Annual Visit Guide

QUESTIONS WORTH ASKING

When your clinician asks, "What questions do you have?" you will be ready. Check the questions that fit your life. You do not need to ask them all. Choose the three that matter most today.

YOUR WHOLE-HEALTH PICTURE

- [ ] Based on my age, health history, and family history, what should my top health priorities be this year?
- [ ] Which screenings am I due for now, and when should I plan for the next ones?
- [ ] Are my vaccines up to date?
- [ ] Is there anything in my blood pressure, weight, exam, or previous results that we should follow?
- [ ] Would any bloodwork be useful for me? What question would each test help answer?
- [ ] Has any recommendation for my care changed since my last visit?

SYMPTOMS + BODY CHANGES

- [ ] Could the changes I am noticing be related to hormones, medication, stress, or another health condition?
- [ ] Which symptoms should I track, and for how long?
- [ ] Are these changes in my period or bleeding expected? When should I contact you?
- [ ] Could I be entering perimenopause? What options may help with my symptoms?
- [ ] Are changes in my sleep, mood, energy, headaches, or weight worth evaluating?
- [ ] Which symptoms would mean I should return sooner or seek urgent care?

PREVENTION + FAMILY HISTORY

- [ ] Does an update in my family history change my screening plan or need for genetic counseling?
- [ ] What can I do now to protect my heart, bones, brain, and metabolic health?
- [ ] Which one or two changes in nutrition, movement, sleep, or stress would make the biggest difference for me?
- [ ] Who should manage this concern, and do I need a referral?

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BRING YOUR QUESTIONS. LEAVE WITH A PLAN.

These questions cover concerns that are easy to minimize, postpone, or forget. Check what applies, then use the bottom of the page to prepare and capture your next steps.

GYNECOLOGIC + SEXUAL HEALTH

- [ ] Am I due for cervical cancer screening, including a Pap or HPV test?
- [ ] What is my breast cancer screening plan?
- [ ] Would STI or HIV testing be appropriate for me?
- [ ] Is my current birth control still the best fit for my health and goals?
- [ ] What should I know now if I may want pregnancy in the future?
- [ ] Could pain with sex, vaginal dryness, or changes in desire be treated?
- [ ] Should changes in discharge, odor, itching, or irritation be tested?
- [ ] Could pelvic pressure, pain, leakage, or bowel or bladder changes benefit from pelvic floor care?

MEDICATION + DAILY LIFE

- [ ] Can we review all my medications and supplements together?
- [ ] Could any medication be causing symptoms or interacting with something else I take?
- [ ] How might my stress, mood, sleep, or relationships be affecting my health?
- [ ] Are anxiety, depression, burnout, or changes in concentration worth evaluating?
- [ ] Could alcohol, nicotine, cannabis, or another substance be affecting my symptoms or treatment?
- [ ] What should I know about my health before changing my diet or exercise routine?
- [ ] Would a specialist, therapist, dietitian, pelvic floor therapist, or other support be helpful?
- [ ] What should we revisit before my next annual visit?

MY TOP THREE QUESTIONS

1. _____

_____

2. _____

_____

3. _____

_____

BEFORE I LEAVE

- [ ] I understand what we decided.
- [ ] I know which tests are being ordered and why.
- [ ] I know when and how I will receive results.
- [ ] I know when to follow up and whom to contact.

MY NEXT STEPS

Tests / referrals: _____

Medication / care plan: _____

Follow-up date: _____