

♥ Office visit checklist

This guide can help you prepare for your doctor's appointment. Use it to plan your visit, take notes during your appointment and follow up after the visit.



Before your visit

- Call to confirm your appointment and to make sure your doctor is in network. If you need a ride to the doctor, call us at **1-866-329-4701 (TTY: 711)**. Be sure to ask for a ride at least 2 business days before you need it.
- Fill out the worksheet and include questions you want to ask during your visit.
- Write down any health issues you've noticed, such as changes in your weight, sleep or mood.



During your visit

- Ask questions about your blood pressure or weight.
- Check about scheduling tests for blood sugar or cholesterol, or screenings that are recommended for your age.
- Take notes about any important information you want to remember, such as instructions, prescriptions or referrals.



After your visit

- Schedule any follow-up appointments and your next wellness visit.
- Check on your test results.
- Pick up your prescriptions.



Complete this info before your appointment

Doctor's name _____ Date of visit _____

List all medications you are currently taking, including over-the-counter medications and supplements. If you need more room, make a separate list and bring it with you.

Medication	Dose (milligrams)	Time of day taken
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Health concerns you want to talk about

Have there been any changes in your life since your last visit?

- Move Other (describe) _____
- Death in the family Marital status (marriage, separation or divorce)
- Job change



Use this section during your appointment

Topics to discuss with your doctor:

- Everyone:** Blood pressure, blood sugar and cholesterol
Immunizations and annual flu shot
- Tobacco users:** Resources and medications to help you quit
- Women:** Well-woman exam, family planning and breast cancer screening
- Men:** Family planning and prostate cancer screening

Prescriptions from your doctor:

Drug _____

Is there a generic alternative? _____ Dosage _____

Instructions _____

Referrals from your doctor:

Lab _____ Specialist _____

Imaging _____

Notes from your doctor visit:



Know your numbers

Blood pressure _____
(Goal: <140/90)

Blood sugar _____
(Goal for non-diabetic fasting: <100)

Body Mass Index (BMI) _____
(Goal: <25)

Total cholesterol _____
(Goal: total <200)



Reminders after your visit

Next appointment is: _____

Next annual wellness visit is: _____

Call back on this date for test results: _____

Pick up these prescriptions: _____

Nondiscrimination Notice

Aetna complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Aetna does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Aetna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card or **[1-800-385-4104](tel:1-800-385-4104)**.

If you believe that Aetna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our Civil Rights Coordinator at:

Address: Attn: Civil Rights Coordinator
P.O. Box 818001
Cleveland, OH 44181-8001

Telephone: **[1-888-234-7358](tel:1-888-234-7358) (TTY: 711)**

Email: **MedicaidCRCoordinator@aetna.com**

You can file a grievance in person or by mail or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, **[1-800-368-1019](tel:1-800-368-1019), [1-800-537-7697](tel:1-800-537-7697) (TDD).**

Complaint forms are available at **<https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>**

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-385-4104** (TTY: **711**).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-385-4104** (TTY: **711**).

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-800-385-4104** (TTY: **711**).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-385-4104** (TTY: **711**)。

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-385-4104** (TTY: **711**) 번으로 전화해 주십시오.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-385-4104** (TTY: **711**).

Arabic: (711). إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-385-4104** (رقم هاتف الصم والبكم: ملحوظة).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-385-4104** (телетайп: **711**).

Gujarati: સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-800-385-4104** (TTY: **711**).

Urdu: کریں اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں: **1-800-385-4104** (TTY: **711**).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-385-4104** (TTY: **711**).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-385-4104** (TTY: **711**).

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-800-385-4104** (TTY: **711**) पर कॉल करें।

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-385-4104** (ATS: **711**).

Greek: ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε **1-800-385-4104** (TTY: **711**).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-385-4104** (TTY: **711**).

