

SENIOR "STAYING HEALTHY" PERSONALIZED PREVENTION PLAN (To Take Home)

Name:		Today's Date:	
Date of Birth:		Completed by:	
BMI:		Blood Pressure:	

You can stay healthy, live longer, and delay or prevent many diseases by doing the following:

PREVENTIVE HEALTH SCREENINGS / SERVICES				
Type of Service	Do I need?	Last Done	Due Again On	
Annual Wellness Visit	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Mammogram (Women)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Pap Test & Pelvic Exam (Women)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Osteoporosis Testing (Bone Density Screen)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Prostate Cancer Screening (Men)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Ultrasound for Abdominal Aortic Aneurysm (Men)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Cardiovascular Screening blood tests	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Diabetes Screening	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Colorectal Cancer Screening	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Pneumonia Vaccine	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Influenza (Flu) Vaccine	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Hepatitis B Vaccine	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Glaucoma Screening	<input type="checkbox"/> Yes <input type="checkbox"/> No			
HIV Screening	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Tobacco Use Cessation Counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Diabetes Management Training	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Medical Nutrition Services	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			

FAMILY HISTORY / RISK FACTORS:

- | | | |
|--|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Problems | <input type="checkbox"/> Alzheimer's / Dementia |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Liver Problems | <input type="checkbox"/> COPD (Lung Disease) |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Cancer: Type _____ | |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> None of the above | <input type="checkbox"/> Other: _____ | |

TOPICS DISCUSSED:

- | | |
|---|--|
| <input type="checkbox"/> Fall Prevention | <input type="checkbox"/> Physical Well Being |
| <input type="checkbox"/> Urinary Incontinence | <input type="checkbox"/> Emotional Well Being |
| <input type="checkbox"/> Pain Management | <input type="checkbox"/> Advanced Directive (Living will, POLST) |

GENERAL STAYING HEALTHY RECOMMENDATIONS

- ✓ **EXERCISING** – Do any physical activity you enjoy for 20–30 minutes, 5 or 6 days a week.
- ✓ **EATING WELL** – Eat a healthy diet of different foods, like fruits, vegetables, protein and whole grains. You should also limit the amount of saturated fat you eat.
- ✓ **KEEPING A HEALTHY WEIGHT**—Watch your portions, and try to balance the number of calories you eat with the number you burn by exercising.
- ✓ **NOT USING TOBACCO** – The U.S. Surgeon General has reported that quitting smoking and stopping tobacco use leads to significant risk reduction for certain diseases. If you smoke or use tobacco, talk with your doctor about getting help to quit.

IMMUNIZATIONS/VACCINES

- ✓ **PNEUMONIA SHOTS** –A pneumonia shot is recommended for anyone aged 2 or older who, because of chronic health problems (such as diabetes) or age, has a greater chance of getting and dying with pneumonia.
- ✓ **INFLUENZA (FLU) SHOTS** – Flu shots do not give 100% protection, but they do make it much harder for you to catch the flu for about 6 months. The best time to get your flu shot is beginning in September. If you have a cold or other respiratory illness, wait until you are healthy again before having your flu shot. And don't get a flu shot if you are allergic to eggs.

PREVENTIVE HEALTH SCREENINGS

- ✓ **BREAST CANCER SCREENING (MAMMOGRAMS)** –Every woman is at risk, regardless of family history, and this risk increases with age. Breast cancer can usually be successfully treated when found early. Make sure you get a mammogram at least once a year.
- ✓ **COLORECTAL CANCER SCREENING** – Colorectal screening tests to help find pre-cancerous polyps so they can be removed before they become cancerous. You should have a test done because treatment works best when colorectal cancer is found early.
- ✓ **GLAUCOMA TESTS** – Glaucoma is an eye disease caused by high pressure in the eye. The best way for people at high risk for glaucoma to be protected is to have annual eye exams with an ophthalmologist or an optometrist.

HEALTH SAFETY & QUALITY OF LIFE

- ✓ **FALL PREVENTION** – Make sure that your home is well lit so you can see where you are going at all times, use a walking aid (walker or cane) if needed for balance, consider installing handrails by stairs, baths, toilets & wear shoes with a broad heel and non-slip soles.
- ✓ **IMPROVING BLADDER CONTROL** – Urinary incontinence is any involuntary leakage of urine. It can be a common and distressing problem, which may have a profound impact on quality of life. Talk to your doctor if you have problems with urinary incontinence.
- ✓ **ADVANCED CARE PLANNING** – Advance Directives are legal documents that allow you to convey your decisions about end-of-life care ahead of time. Let your doctor know if you have an Advanced Directive or want help to create one.