

Healthy Check-Up



This worksheet belongs to: _____

This is a worksheet you can use to keep track of your health, risk factors for disease, and prevention activities. Fill out this sheet as best you can and share it with your doctor.

Personal medical history

Fill out this section to explain if you have had any serious illnesses or already have a chronic disease. This will help paint a picture of your current health status. If you don't know much about your past health, fill out as much as you can and then ask your health care provider if he or she can help.

I have been told I have these diseases or conditions:

I have had surgery before for:

I am taking these medications:

I have been seriously ill and in the hospital before because of:

People in my family have had these diseases or conditions:

I am most worried about getting these diseases or conditions:

Basic health information

Ask your doctor to help you with this portion of the worksheet and to explain what each of these measurements means.

Height: _____

Pulse: _____

Weight: _____

Total cholesterol level: _____

HDL (good) cholesterol level: _____

LDL (bad) cholesterol level: _____

Blood pressure: _____

Fasting blood glucose (sugar) level (to test for diabetes): _____

Choose "Yes" or "No" next to each of these questions and discuss your responses with your doctor.

I often feel stressed. Yes No

I feel as though I don't get enough sleep. Yes No

I am unhappy. Yes No

I use tobacco products. Yes No

I drink alcohol. Yes No

I have health habits that I know are not good for me. Yes No

I am sexually active. Yes No





Prevention information

Talk to your doctor about what health problems you have and what diseases you should be concerned about. Then, work with your doctor or other health care provider to come up with a plan for preventing diseases or managing conditions that you already have. After you both agree on how you can improve your health, write down your plan here.

I need to work on the following health problems:

I am at risk for the following diseases:

Are there any screening tests to catch diseases you're at risk for in your plan? Yes No

Write down the tests you should have regularly to screen for chronic diseases.

Is changing your diet a part of your plan? Yes No

Write down your healthy eating habits goals here.

Is increasing your physical activity every week a part of your plan? Yes No

Write down your exercise goals here.

Is managing stress in your life a part of your plan? Yes No

Write down techniques and lifestyle changes you want to use in your life to manage your stress better.

Is quitting smoking or drinking a part of your plan? Yes No

Write down your plan to quit any unhealthy habits you have.

Is medication a part of your plan? Yes No

Write down your medication plan here.
