

Key Questions for Your Primary Care Provider



Your Primary Care Provider (PCP) is your healthcare champion, dedicated to addressing your concerns, offering guidance, and coordinating your overall wellness. With your KelseyCare Advantage plan, you enjoy a \$0 annual wellness visit* every 12 months. During your annual wellness visit, your PCP can create or update a personalized prevention plan based on your health and risk factors, helping prevent hospitalizations and keeping you at your best.

Your Primary Care Provider (PCP) is your first stop for questions. Please contact your PCP before seeking extra care.

And if you haven't already done so, schedule your \$0 annual wellness visit today. Call 713-442-0427 or use the [MyKelseyOnline](#) app to schedule. If there is a delay in obtaining an appointment with your PCP, call the appointment line at 713-442-0000 (TTY: 711) and ask about any other providers who may be available to see you sooner. You can go to any Kelsey-Seybold location to receive your care.

**Tests or lab work ordered during your annual wellness visit may be subject to a coinsurance or copay expense.*

Here are important questions to ask your PCP at your next appointment. Let's work together to make sure you get the care you need.

Save this article to print and take with you on your next PCP visit. Also included, an Annual Health Checklist to track important health actions by date.

GENERAL HEALTH

- Do I need to make any lifestyle changes?
- Is this pain or discomfort normal?
- How often should I get a checkup?
- Are my feelings of sadness/anxiety/stress normal?
- Is my bladder function typical?
- Is my blood pressure in the healthy range?

MEDICATIONS OR EXAMINATIONS

- Should I keep taking this medicine or supplement?
- Am I at risk for dangerous drug interactions?
- Are any of my supplements interfering with my medications?
- What screenings or tests do I need?
- Am I up to date on all my vaccinations?

MEMORY, MOBILITY, MISCELLANEOUS

- I sometimes forget things. Is that something I should worry about?
- Do my memory and thinking skills need to be formally evaluated?
- What can I do to stay strong and flexible?
- Am I getting enough physical activity?
- How can I prevent falls? Is it safe for me to climb stairs?
- Do I need aids like grab bars, toilet chairs, a walker, or a device that calls for help if I fall?
- What is an advance directive, and do I need one?
- Can you provide resources to help me create an advance directive?

KelseyCare Advantage, a product of KS Plan Administrators, LLC, is an HMO and POS Medicare Advantage plan with a Medicare contract. Enrollment in KelseyCare Advantage depends on contract renewal.



Annual Health Checklist

Please address the following with your healthcare provider:

- Concerns you have about balance and falling
- Feelings of sadness or stress, your state of emotional health
- Your level of physical activity, staying active
- Issues you may have with bladder control

Date completed _____

Your journey to better health starts by speaking with your doctor. We're committed to supporting your physical and mental well-being. Did you know you can see what health actions and other preventive services you are due for in MyKelseyOnline?

| Annual Screenings* | Date completed |
|--------------------|----------------|
|--------------------|----------------|

| | |
|---|--|
| Annual Wellness Visit/HRA | |
| Flu vaccine | |
| Blood pressure check | |
| Height, weight, and BMI (body mass index) | |

| Cancer Screenings | Date completed |
|-------------------|----------------|
|-------------------|----------------|

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|--|--|
| Breast cancer screening (at least every 2 years up to age 74 or as needed) | |
| Prostate cancer screening (for men up to age 69 or as needed) | |
| Colon cancer screenings Screenings are standard up to age 75. There are many options for colorectal cancer screenings. Speak with your provider about the right choice for you. <ul style="list-style-type: none"> ▪ Colonoscopy (every 10 years) ▪ FIT-DNA test (every 3 years) ▪ Fecal occult blood test (FOBT) (yearly) | |

| Diabetes Screenings | Date completed |
|---------------------|----------------|
|---------------------|----------------|

| | |
|---|--|
| Hemoglobin A1c (HbA1c) | |
| LDL cholesterol | |
| Urine test for protein | |
| Discuss the importance of statin use | |
| Comprehensive eye exam with dilated retinal screening | |
| Blood test for kidney function | |

| As needed | Date completed |
|-----------|----------------|
|-----------|----------------|

| | |
|---|--|
| Bone density test (based on your doctor's recommendation) | |
| Advance directives (Power of Attorney, Living Will, etc.) | |

**These are general recommendations. Your provider will make individualized recommendations based on your personal health risk.*

Over-the-Counter (OTC) Medications, Supplements, and Prescriptions

List all your medications here. This includes any OTC products such as cold medications, pain relievers, and allergy medications, even if you don't use them regularly. Whenever possible, bring them all in a bag to your next appointment with your primary care provider. Talk with your provider about any concerns or questions you may have about your medications, especially these important topics:

- Any questions or problems you might be having with your medications
- 90-day supplies for maintenance medications

| Medication name: | How much I take and how often: | Why I take it: |
|-------------------------|---------------------------------------|-----------------------|
| <i>Ex: Omeprazole</i> | <i>10 mg every day</i> | <i>acid reflux</i> |
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Questions you have for your provider about your medications:

Ex: Are there side effects to this medication?

See your Evidence of Coverage for a complete description of plan benefits, exclusions, limitations, and conditions of coverage. Plan features and availability may vary by service area.