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| Men’s  Wellness  18-64 YEars of Age  **How to use this resource:**  This document is intended to help you prepare for your Men’s Wellness Visit. Using this tool, you can write down questions you have for your care team, think about your health priorities, and, together with your care team, set goals for your health.  QUESTIONS FOR MY CARE TEAM  Use this space to write down any questions you want to ask at your visit.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­\_\_\_\_\_ | PREPARING FOR YOUR VISIT  ────  Write down questions you want to ask your care team.  ────  Read this document, mark your priorities and interests.  ────  Think about your health goals.  ────  Create a plan with your care team.  CLINIC NAME  [insert logo if desired]  Street Address City, ST ZIP Code  Telephone  Web Address |

HEALTH GOALS

This Men’s Wellness Resource is designed to help men stay healthy and to help them get the most out of this visit. A wellness visit includes a physical exam, a talk about habits, and ideas for staying healthy and preventing illness. For men aged 18-64 years, it is recommended to schedule a health screening visit each year to every two years.

A big part of staying healthy is making personal goals for good health.

*Example:* *I will exercise for 30 minutes, five days each week.*

My goals are:

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How confident, on a scale of 1 to 10

(1 being not at all likely and 10 being extremely likely), are you that you will accomplish these goals?

*(Circle one.)*

1 2 3 4 5 6 7 8 9 10

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Community Health Association of Mountain/Plains States

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WHAT MIGHT BE DISCUSSED AT THE MEN’S WELLNESS VISIT?

Use the list in this section to note what is most important to you to discuss with your care team.

Disease Prevention:

* Healthy eating and nutrition
* Physical activity (exercise)
* Lung, heart, and skin health
* Immunizations – which shots you need
* Prostate health
* Colon cancer screening (for men 50+ years of age)

Sexual Health:

* Sexual concerns and sexual health
* Sexually Transmitted Diseases and Infections (STDs/STIs)
* Hormone concerns
* Family planning

Oral (Mouth) Health:

* The importance of daily brushing, flossing, and good nutrition

Behavioral Health:

* Feeling down, sadness, depression, loneliness, anxiety, nervousness, and/or anger
* Changes in mood
* Stress, feeling overwhelmed
* Sleep, too little or not enough
* Grief and/or loss
* Thoughts of hurting yourself or others

Substance Use:

* Alcohol, tobacco, prescription, and/or non-prescription medication use, other drug use

Injury Prevention:

* How to protect yourself from injuries
* Strength and posture

Family Health:

* How your health affects your family
* How your family’s health affects yours
* How things are going at home
* The relationships in your life

Other Health Factors:

* Other things that might be affecting your health and wellbeing:

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