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| Women’s  Health Screening  65 years of age and older  **How to use this resource:**  This document is intended to help you prepare for your Women’s Health Screening 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 SCREENING  ────  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 |

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HEALTH GOALS

This Women’s Health Screening Resource is designed to help women stay healthy and to help them get the most out of this visit. A health screening visit includes a physical exam, a talk about habits, and ideas for staying healthy and preventing illness. For women aged 65 years and older, it is recommended to schedule a health screening visit each year.

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

*Example: I will walk for at least 20 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

WHAT MIGHT BE DISCUSSED AT THE HEALTH SCREENING 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
* Colon cancer screening
* Breast disease – risk and mammogram frequency
* Osteoporosis (bone health)

Sexual & Post-Menopausal Health:

* PAP test (cervical cancer screening) – even if you have had a hysterectomy
* Sexual concerns
* Sexually Transmitted Diseases and Infections (STDs/STIs)
* Hormone concerns

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 against back and hip injuries
* Tips to prevent falls

Cognitive Health:

* Memory and ability to think

Advanced Care Planning:

* Thinking ahead – making decisions about the care you would want to receive if you become unable to speak for yourself

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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