

# MAKING MY OFFICE VISIT COUNT

## It's all part of my plan.

Your health is important, and Absolute Total Care wants to help you get the most out of your visit to your primary care provider (PCP).

The checklists below include suggestions of what you can do before, during, and after your PCP visit. Use the worksheet on the back to help you prepare for your appointment and to write notes during your visit. Take charge of your health by asking questions and sharing information so your PCP can help you receive the best possible care.



Plan ahead  
for visits with  
your doctor!

Use the checklists below before, during, and after your PCP visit:



### Before Your Visit

- ☐ Call to confirm your appointment and to make sure your doctor is part of Absolute Total Care.
- ☐ Fill out the worksheet on the back and include any questions you want to ask during your visit.
- ☐ Write down any health issues you've noticed, like changes in your weight, sleep, or mood.



### During Your Visit

- ☐ Use your worksheet to help you fill out any office paperwork.
- ☐ Ask questions about your blood pressure or weight.
- ☐ Check about scheduling tests for blood sugar or cholesterol.
- ☐ Take notes about any important information you want to remember, like instructions, prescriptions, or referrals.



### After Your Visit

- ☐ Schedule any follow-up appointments and your next wellness visit.
- ☐ Check on test results.
- ☐ Pick up any prescriptions.

# Office Visit Worksheet



## COMPLETE THIS SECTION BEFORE YOUR APPOINTMENT

Doctor's name: \_\_\_\_\_ Date of visit: \_\_\_\_\_

List all medications you are currently taking, including over-the-counter medications and supplements.

If you need more room, make a separate list and bring it with you.

Medication: _____	Dose (milligrams): _____	Time of day taken: _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any health concerns you want to talk about?

---



---



---

Have there been any changes in your family since your last visit?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Move                | <input type="checkbox"/> Job change       | <input type="checkbox"/> Marital status (marriage, separation, or divorce) |
| <input type="checkbox"/> Death in the family | <input type="checkbox"/> Other (describe) |  |



## FILL THIS OUT DURING YOUR APPOINTMENT

### Topics to discuss with your doctor:

Everyone: Ask about where to get a flu shot in the fall. Find out about any tests or screenings for blood sugar and cholesterol.

Smokers: Consider talking about quitting and programs available.

Women: Ask about a well-woman exam, family planning, and breast cancer screening.

Men: Ask about a prostate exam and family planning.

Prescriptions from your doctor:

Drug: \_\_\_\_\_

Is there a generic alternative? \_\_\_\_\_ Dosage: \_\_\_\_\_

Instructions: \_\_\_\_\_

Referrals from your doctor:

Lab: \_\_\_\_\_ Specialist: \_\_\_\_\_

Imaging: \_\_\_\_\_

Notes from your doctor visit:

---



---



---



## KNOW YOUR NUMBERS

Take charge of your health by knowing these important numbers and what they mean.

What is my blood pressure?  
(Goal: <140/90) \_\_\_\_\_

What is my body mass index  
(BMI)? (Goal: <25) \_\_\_\_\_

What is my blood sugar?  
(Goal for non-diabetic  
fasting: <100) \_\_\_\_\_

What is my total cholesterol?  
(Goal: total <200) \_\_\_\_\_



## FOLLOW UP AFTER YOUR APPOINTMENT

Next appointment date is: \_\_\_\_\_

Next annual wellness visit date is: \_\_\_\_\_

Call back on this date for test results: \_\_\_\_\_

Pick up these prescriptions: \_\_\_\_\_

## Notice of Non-Discrimination

Absolute Total Care (ATC) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

ATC provides free aids and services to people with disabilities, such as qualified sign language interpreters and written information in other formats (large print, braille, audio, accessible electronic formats, other formats). We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact our Manager of Member Services, by mail at: 100 Center Point Circle, Columbia, SC 29210; by phone at: 1-866-433-6041 (TTY: 711); or by email at: [ATC.MBRSVC@centene.com](mailto:ATC.MBRSVC@centene.com).

If you believe that ATC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance using the contact information provided above. You can file a grievance in person or by mail or email. If you need help filing a grievance, we are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or by phone at: 800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Language Services

If your primary language is not English, language assistance services are available to you, free of charge. Call: 1-866-433-6041 (TTY: 711).

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-433-6041 (TTY: 711).

إذا كانت لغتك الأساسية غير اللغة الانكليزية فإن خدمات المساعدات اللغوية متوفرة لك مجاناً. اتصل على الرقم:  
1-866-433-6041 (رقم هاتف الصم والبكم 711)

Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-433-6041 (TTY: 711).

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-433-6041 (телетайп: 711).

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-433-6041 (TTY: 711).

Se você fala português do Brasil, os serviços de assistência em sua língua estão disponíveis para você de forma gratuita. Chame 1-866-433-6041 (TTY: 711)

如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-433-6041 (TTY: 711)

Falam tawng thiam tu na si le tawng let nak asi mi 1-866-433-6041 (TTY: 711) ah tang ka pek tul lo in na ko thei.

धयद आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह । 1-866-433-6041 (TTY: 711) पर कॉल कर ।

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-433-6041 (TTY: 711)번으로 전화해 주십시오.

Haka tawng thiam tu na si le tawng let asi mi 1-866-433-6041 (TTY: 711) ah tang ka pek tul lo in ko thei.

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-433-6041 (ATS: 711).

နမ့်ကတိ ကညိ ကျိအလိ, နမ့်န့် ကျိအတိမၤစၢၤလၢ တလံာ်ဘျုးလၢန့ၣ်နီၤတံၢ်ဘျုးန့ၣ်လီၤ. ကိး 866-433-6041 (TTY: 711)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-866-433-6041 (መስማት ለተሳናቸው፡ 711)።

အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့် ငွေအတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-866-433-6041 (TTY: 711) သို့ ခေါ်ဆိုပါ။