



What You Should Bring To Your Annual Wellness Visit:

Name of all your doctors:

Name	Specialty

A list of all you medications:

Name of Medication	Dose	How many times a day is it taken?

My medication list is current with:

- Avera
 - Sanford
 - Sioux Falls Specialty
 - Primary Care: (other) _____
- _____
- _____
- _____

Have you had any tests done in the past year? ___ Yes ___ No

(such as blood tests, colonoscopy, mammograms, x-rays, CT scan, MRI, etc.)

Test Name	Date

Have you had any recent immunizations? ___ Yes ___ No _____

Do you have a living will or advance directive? ___ Yes ___ No

(if you have one, please bring a copy of it with you)

Patient Name: _____

Birthdate: _____