JMR MEDICAL SERVICES
WELLNESS & SCREENING GUIDE

Information on preventive care, annual exams, and health screenings to maintain your long-term wellness.

PATIENT WELLNESS INFORMATION

Patient Name: _____

Date of Birth: _____ Date: _____

Primary Care Provider: _____

Preferred Wellness Goal: _____

1. ANNUAL WELLNESS CHECK

■ Routine physical / annual exam

■ Blood pressure checked ■ Weight / BMI reviewed

■ Medication list reviewed ■ Health history updated

■ Family history reviewed ■ Lifestyle goals discussed

Questions or concerns for my provider:

_____

_____

2. PREVENTIVE HEALTH SCREENINGS

■ Blood pressure screening ■ Cholesterol screening

■ Diabetes / blood glucose ■ Cancer screening

■ Vision screening ■ Hearing screening

■ Dental exam ■ Immunization review

■ Other: _____

3. WOMEN'S HEALTH

■ Well-woman exam ■ Cervical cancer screening / Pap test

■ Breast health discussion / screening ■ Reproductive health

■ Other concern: _____

Last screening / exam date: _____

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4. MEN'S HEALTH

■ Routine men's health exam ■ Cardiovascular risk review

■ Prostate health discussion ■ Sexual / reproductive health

■ Other concern: _____

5. VACCINATION & PREVENTION

■ Vaccination history reviewed

■ Seasonal vaccines discussed

■ Age-appropriate vaccines discussed

Vaccines or prevention questions:

_____

_____

6. HEALTHY LIFESTYLE GOALS

■ Balanced nutrition ■ Regular physical activity

■ Healthy sleep ■ Stress management

■ Tobacco / nicotine cessation ■ Healthy weight goals

My wellness goal for the next 3–6 months:

_____

_____

7. MY WELLNESS PLAN

Next recommended exam / screening: _____

Recommended date: _____ Provider: _____

Follow-up needed: ■ Yes ■ No

Notes:

_____

_____

This guide is for educational purposes and does not replace individualized medical advice.