

## My Wellness Checklist

Use this health checklist for your next appointment. Review it with your provider and discuss ways to manage your mental health and overall wellness.

### Preparing for Your Visit

**Check the boxes that apply to you. Add notes to talk about with your provider.**

I have been feeling:

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Anxious   | <input type="checkbox"/> Angry      |
| <input type="checkbox"/> Stressed  | <input type="checkbox"/> Reflective |
| <input type="checkbox"/> Sad       | <input type="checkbox"/> Happy      |
| <input type="checkbox"/> Lonely    | <input type="checkbox"/> Grateful   |
| <input type="checkbox"/> Down      | <input type="checkbox"/> Calm       |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Excited    |
| <input type="checkbox"/> Hopeless  | <input type="checkbox"/> Hopeful    |

Notes:

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- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Has my energy level changed since the last visit?                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have my emotions affected my daily activities?                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Am I having trouble sleeping?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have my eating habits changed?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have people made comments about my mood or attitude?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have I become more irritable?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have I been avoiding social activities?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do I have any concerns about my physical health?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do I have access to resources for food, housing, and other basic living needs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Other things I would like to discuss \_\_\_\_\_

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## Notes from Today's Visit

Topics discussed \_\_\_\_\_

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My goals \_\_\_\_\_

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Additional resources to help manage my condition \_\_\_\_\_

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## Upcoming Appointments

My next appointment:

Date:

Location:

\_\_\_\_\_

Lab tests:

Date:

Location:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other important reminders:

\_\_\_\_\_

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**Ambetter of Tennessee is proud to be your health care partner.  
If you have questions, contact us at 1-833-709-4735 (Relay 711).**

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**We're here to help!**

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