CONNECTED
SENIOR CARE ADVANTAGE
By ARC & Premier Physicians

# We Care About Your Physical, Mental and Emotional Health! Speak Up So We Can Help

Print and complete this handy discussion guide to your primary care physician visit.

## Risk of Falls

| | | | |
|---|---|---|---|
| 1. | I have fallen one or more times this year. | ❑ Yes | ❑ No |
| 2. | I feel a little unsteady when standing or walking. | ❑ Yes | ❑ No |
| 3. | I worry about falling. | ❑ Yes | ❑ No |
| 4. | I use a cane or a walker. | ❑ Yes | ❑ No |
| 5. | I have seen a physical therapist in the past year. | ❑ Yes | ❑ No |

## Bladder Control

| | | | | |
|---|---|---|---|---|
| 1. | Bladder control is a problem for me. | | ❑ Yes | ❑ No |
| 2. | In the past 60 days, urine leakage has changed my daily activities or interfered with my sleep. | | ❑ Yes | ❑ No |
| 3. | To help address my urine leakage, I would be willing to try: *(check all that apply)* | Medication | ❑ Yes | ❑ No |
| | | Exercise | ❑ Yes | ❑ No |
| | | Surgery | ❑ Yes | ❑ No |

## Physical Activity

1. Physical health challenges interfere with my daily activities
   ❑ Almost never ❑ Occasionally ❑ Frequently
2. I am physically active
   ❑ 0-1 days per week ❑ 2-3 days per week ❑ 4 or more days per week
3. I am as active as other adults my age ❑ Yes ❑ No
4. I choose to take the stairs over an elevator or escalator
   ❑ Almost never ❑ Occasionally ❑ Frequently

## Improving/Maintaining Mental Health

1. I find myself losing or misplacing items around the house:
   ❑ Almost never ❑ Occasionally ❑ Frequently
2. I find it hard to remember people's names, common phone numbers, addresses, etc.:
   ❑ Almost never ❑ Occasionally ❑ Frequently
3. I do crossword puzzles and/or numbers games, like suduko:
   ❑ Almost never ❑ Occasionally ❑ Frequently

## Improving/Maintaining Emotional Health

1. I feel sad:
   ❑ Almost never ❑ Occasionally ❑ Frequently
2. I feel anxious:
   ❑ Almost never ❑ Occasionally ❑ Frequently
3. I have little interest in activities:
   ❑ Almost never ❑ Occasionally ❑Frequently

## My Health Goals:

1. _____
2. _____
3. _____
4. _____
5. _____

## Things I'd Like to Discuss at My Provider Visit:

1. _____
2. _____
3. _____
4. _____
5. _____

## Notes from Discussion with my Provider / Care Team

_____

_____

_____

_____

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