**What to bring to your Annual Wellness Visit**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The names of all the providers on your healthcare team including specialists (home health agency, eye doctor, cardiologists, foot doctor):**

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| --- | --- |
| **Name** | **Specialty** |
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**The names of your medical equipment supply companies (example: oxygen supplier):**

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| --- | --- |
| **Name of Company** | **Equipment** |
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**A list of all of the medicines you take including over- the-counter drugs, vitamins and herbals:**

| **Medication** | **Dose** | **Frequency (times/day)** | **Pharmacy** **(Include Location)** |
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