Recommended Annual Preventative Checklist

Medical.



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	Well-Being Questionnaire www.LllveWell.com Date:
	Annual dental exam Date:
	Annual vision exam Date:
	Flu and COVID-19 vaccines Date:
	Check in with a mental health provider Date:
For Men:	
	Prostate cancer screening (age 50 and older) Date:
For \	Women:
	Cervical cancer exam (age 21 and older) Date:
	Mammogram breast cancer exam (age 40 and older) Date:
Age	Related:
	Colonoscopy cancer screening (age 45 and older) Date:
	Pneumonia vaccination (age 65 and older) Date:
	Shingles vaccination (age 50 and older) Date:
	*At high risk or have a family history of cancer? Talk with your physician about preventative screenings at an earlier age.
Fina	ncial Review:
	Retirement investments Date:
	Will and/or trust Date:
	Power of attorney Date:
	Emergency savings Date:
	College savings Date:
	Update beneficiaries Date:
Hom	ne Safety:
	Check home safety devices (fire and carbon monoxide detectors) Date:
	Check batteries (thermostat) Date:
	Check air/water filters Date:



