

My Goal:
I will schedule and attend all suggested medical appointments in the next year.

Directions: Write the date of each appointment in the chart. Add a check mark after the appointment is completed. Be sure to do any follow-up tests or additional appointments the doctors suggest.

APPOINTMENT TYPE	DATE
Primary Care Provider	Once Per Year
Physical Exam	<input type="checkbox"/>
Optometrist	Once Per Year
Eye Exam	<input type="checkbox"/>
Dentist	Every Six Months
Teeth Check/Cleaning	<input type="checkbox"/>
	<input type="checkbox"/>
Gynecologist	Once Per Year
Pelvic Exam (Women)	<input type="checkbox"/>
Radiologist	Once Per Year
Mammogram (Women over Age 40)	<input type="checkbox"/>
Dermatologist	Once Per Year
Skin Check	<input type="checkbox"/>