HEALTH PROFILE WORKSHEET

- WELLNESS
- MEDICAL
- SERVICES & SUPPORTS
- ME
- PHARMACY
- EQUIPMENT & SUPPLIES
- DENTAL & VISION
There is a lot to think about when it comes to your Medicare and Medi-Cal choices. Your health and well-being is about more than just doctor visits and medications.

This Health Profile Worksheet can help you collect all your information about your health care needs and other services. This information can help you find out if a health coverage choice will fit your needs.

You can also find advisors who can help you on the MyCareMyChoice.org website at:

Get Help!
DENTAL: Dentist: ____________________________

Specialist(s): ____________________________

________________________________________

Current Concerns: ________________________

________________________________________

VISION: Eye Doctor: _______________________

Prescription(s): __________________________

________________________________________

Current Concerns: ________________________

________________________________________

EQUIPMENT: ______________________________

________________________________________

________________________________________

SUPPLIES: ________________________________

________________________________________

________________________________________

________________________________________
SERVICES & SUPPORTS

PEOPLE TO CALL: ________________________________

______________________________

IN-HOME CARE (LIKE IHSS): ________________________________

______________________________

ADULT DAY CENTER: ________________________________

______________________________

MEALS: ________________________________

______________________________

TRANSPORTATION: ________________________________

______________________________

PHYSICAL THERAPY: ________________________________

______________________________

WELLNESS

COUNSELING: ________________________________

______________________________

DIETARY NEEDS / RESTRICTIONS: ________________________________

______________________________

EXERCISE / GYM: ________________________________

______________________________

RELIGIOUS / SPIRITUAL ACTIVITIES: ________________________________

______________________________

SOCIAL ACTIVITIES: ________________________________

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<th>MY TOP CHOICES</th>
<th>MY QUESTIONS &amp; CONCERNS</th>
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