



Wellness Check & Health Screening

A healthy body supports a healthy recovery. Early recovery is a good time to catch up on health care that may have been put off. Use this checklist to plan your visits, tick off each item as it is done, add the date, and bring the list to every appointment. You do not have to do it all at once — start with Section A.

You can type in the date boxes and click the check boxes on screen, or print this and fill it in by hand.

A Baseline Wellness Visit

DATE DONE

Book this within the first 2–4 weeks after discharge. Tell the provider you are in recovery — it changes what they look for.

- | | |
|---|--|
| ☐ Primary-care visit scheduled (or confirmed with my current provider) | |
| ☐ Brought a full list of medications, vitamins and supplements | |
| ☐ Shared my substance use and treatment history so care is coordinated | |
| ☐ Blood pressure, heart rate, weight and BMI checked | |
| ☐ Medication review done — including any medication for addiction treatment (MAT) and any interactions | |
| ☐ Depression and anxiety screening done (PHQ-9 & GAD-7 — see Pillar 2) | |
| ☐ Tobacco / nicotine use discussed, with a plan if I want to quit | |
| ☐ Sleep, appetite, pain and energy discussed | |

B Bloodwork to Ask About

DATE DONE

Your provider decides which tests are right for you — these are common ones to ask about in early recovery.

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|---|--|
| ☐ Complete blood count (CBC) | |
| ☐ Metabolic panel — includes liver enzymes and kidney function | |
| ☐ Cholesterol / lipid panel | |
| ☐ Blood sugar — fasting glucose or A1C | |
| ☐ Thyroid test (TSH), if I have symptoms such as fatigue or mood changes | |
| ☐ Vitamin and nutrient levels (for example vitamin D, B12, folate), if recommended | |

C Infectious-Disease Screening

DATE DONE

Free or low-cost in most places, confidential, and easy to put off. People with a history of injection drug use may be advised to test more often.

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|--|--|
| ☐ HIV test | |
| ☐ Hepatitis C test | |
| ☐ Hepatitis B test | |
| ☐ Tuberculosis (TB) test, if I have risk factors | |
| ☐ Sexually transmitted infection (STI) testing, as advised for me | |



Wellness Check & Health Screening (continued)

D Vaccinations

DATE DONE

Vaccine guidance is updated often — ask your provider what is current for you, and bring any records you have.

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|---|----------------------|
| ☐ Vaccination records gathered (or requested from my provider or state registry) | <input type="text"/> |
| ☐ Hepatitis A and hepatitis B vaccines discussed | <input type="text"/> |
| ☐ Seasonal flu vaccine discussed | <input type="text"/> |
| ☐ COVID-19 vaccine discussed | <input type="text"/> |
| ☐ Tetanus / Tdap booster discussed | <input type="text"/> |
| ☐ Any other vaccines my provider recommends for my age and health | <input type="text"/> |

E Routine Screenings by Age & Health

DATE DONE

Which of these apply depends on your age, sex and family history. Ask your provider which ones are due.

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|--|----------------------|
| ☐ Cervical cancer screening (Pap / HPV test) | <input type="text"/> |
| ☐ Breast cancer screening (mammogram) | <input type="text"/> |
| ☐ Colorectal cancer screening | <input type="text"/> |
| ☐ Lung cancer screening, if I have a significant smoking history | <input type="text"/> |
| ☐ Prostate screening — a conversation with my provider about whether it is right for me | <input type="text"/> |
| ☐ Diabetes screening, if I am at higher risk | <input type="text"/> |
| ☐ Skin check for anything new or changing | <input type="text"/> |

F Dental, Vision & Hearing

DATE DONE

Recovery often means catching up on care that was neglected for a long time.

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|---|----------------------|
| ☐ Dental exam and cleaning — and I told the dentist I am in recovery | <input type="text"/> |
| ☐ Eye exam | <input type="text"/> |
| ☐ Hearing check, if I have noticed changes | <input type="text"/> |

G Recovery Safety Net

DATE DONE

Small steps that protect your health if things get hard.

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|--|----------------------|
| ☐ Naloxone (Narcan) in my home and my family knows where it is, if opioids are part of my history | <input type="text"/> |
| ☐ A pain-management plan that fits my recovery, agreed with my provider | <input type="text"/> |
| ☐ Medications stored safely and unused ones disposed of | <input type="text"/> |
| ☐ Pregnancy planning or contraception discussed, if relevant to me | <input type="text"/> |
| ☐ Emergency contacts and my crisis plan (Pillar 3) added to my phone | <input type="text"/> |



Wellness Check & Health Screening (continued)

My Appointment Tracker

Appointment / test	Provider or place	Date	Done
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐

Questions I Want to Ask My Provider

Where to Find the Official Guidance



MyHealthfinder

Personalized list of screenings and vaccines for your age and sex (U.S. HHS)



USPSTF Guidelines

U.S. Preventive Services Task Force screening recommendations (see A & B list)



CDC Vaccine Schedule

Current recommended vaccines for adults

Recommendations change as new evidence is published. The links above are the official, up-to-date sources; your provider can tell you what applies to you.

My Notes