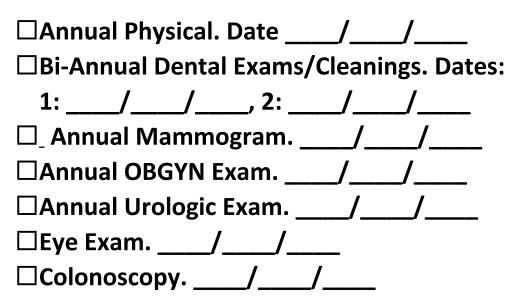## Self-Maintenance Check List

<u>**Medical Check List:**</u> **Print out and fill in date for visits each year. This is a great way to keep track of your visits to make sure you don't forget any of them.**

☐**Annual Physical. Date ____/____/____**

☐**Bi-Annual Dental Exams/Cleanings. Dates:**

1: ____/____/____, 2: ____/____/____

☐ **Annual Mammogram. ____/____/____**

☐**Annual OBGYN Exam. ____/____/____**

☐**Annual Urologic Exam. ____/____/____**

☐**Eye Exam. ____/____/____**

☐**Colonoscopy. ____/____/____**

Self-Care Check List

Print out a copy for each month. Then fill in dates or check the boxes for any of the below that you choose to incorporate into your self-maintenance routine.

- ☐ **Weekly or Monthly Body/Soft Tissue Work: 1: ____/____/____, 2: ____/____/____, 3: ____/____/____/, 4: ____/____/____.**
- ☐ **Weekly or Monthly Chiropractic Care: 1: ____/____/____, 2: ____/____/____, 3:____/____/____/, 4:____/____/____.**
- ☐ **Weekly or Monthly Energy Work or Acupuncture: 1: ____/____/____, 2: ____/____/____, 3: ____/____/____ 4: ____/____/____.**
- ☐ **Weight Training Times Week: (put an X for each session completed each week. Week 1: ___, ___, ___, ___ Week 2: ___, ___, ___, ___ Week 3: ___, ___, ___, ___ Week 4: ___, ___, ___, ___**
- ☐ **Flexibility/Mobility Training: (put an X for each session completed each week. Week 1: ___, ___, ___, ___ Week 2: ___, ___, ___, ___ Week 3: ___, ___, ___, ___ Week 4: ___, ___, ___, ___**
- ☐ **Anaerobic/Aerobic Training: (put an X for each session completed each week. Week 1: ___, ___, ___, ___ Week 2: ___, ___, ___, ___ Week 3: ___, ___, ___, ___ Week 4: ___, ___, ___, ___**
- ☐ **Daily Stress Management. Check a box each day that you use a stress management technique.**