# Take Charge!

## A Tool to Caring for Yourself

### How to Use this Tool

Track your wellness in three key areas: physical, nutrition, and mental health. Please know that the information in this tool is intended for educational, informational, and awareness purposes only. This information should not be used for self-diagnosis or to replace the services of a medical professional. You should consult your healthcare provider for answers to specific health questions and concerns. This is your tool, feel free to customize to meet your needs.

### Personal Health

| APPOINTMENT | LAST DONE | DUE DATE | NOTES |
|---|---|---|---|
| Annual Physical Exam | [ ] | [ ] | I plan to speak with my PCP about: |
| Blood Work | [ ] | [ ] | My recent results include: |
| Vaccinations | [ ] | [ ] | My vaccinations include: |
| Eye Exam | [ ] | [ ] | I plan to speak with my eye doctor about: |
| Dental Cleaning | [ ] | [ ] | I plan to speak with my dentist about: |
| Cancer Screening | [ ] | [ ] | My screenings include: |

### Nutrition and Body

| ITEM | LAST DONE | DUE DATE | NOTES |
|---|---|---|---|
| Nutrition Assessment/Plan | [ ] | [ ] | My plan includes: |
| Cholesterol Check | [ ] | [ ] | My ranges include: |
| Blood Pressure Check | [ ] | [ ] | My blood pressure is / |
| Water Intake Tracking | [ ] | [ ] | I aim to drink glasses of water a day |
| Physical Activity Tracking | [ ] | [ ] | helps me to getting moving for 30 minutes a day |

### Mental and Emotional Health

| ITEM | LAST DONE | DUE DATE | NOTES |
|---|---|---|---|
| Mental Health Screening | [ ] | [ ] | I am experiencing symptoms of: |
| Mental Health Check | [ ] | [ ] | I am working with a licensed professional: |
| Sleep Check | [ ] | [ ] | I average hours per night |
| Stress Management | [ ] | [ ] | My daily practices are: |
| Social Connection Check | [ ] | [ ] | I plan to connect with: |

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## Goals and Resources

### Health Goals (Set your Intentions)

| GOAL | START DATE | PROGRESS | NOTES |
|---|---|---|---|
| 1. | [ ] | [ %] | |
| 2. | [ ] | [ %] | |
| 3. | [ ] | [ %] | |
| 4. | [ ] | [ %] | |
| 5. | [ ] | [ %] | |

### My Resources

| ITEM | NOTES |
|---|---|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |

**YOUR HEALTH JOURNEY IS YOURS. LET THIS TOOL MEET YOU WHERE YOU ARE.**

# Cancer Screening

## Resources and Toolkits

### Cancer Screening Resources

**Special thanks to Riverside Cancer Center, the presenting sponsor of A Guide to Caring for Yourself for the following resources:**

**"My Family Cancer":** Click here to download the worksheet

**Breast Cancer Early Detection:** Click here to download the informational handout

**Guide to Cancer Screening and Prevention:** Click here to download the guide

All resource can also be accessed at: riversideonline.com/preventcancer

### My Cancer Screenings

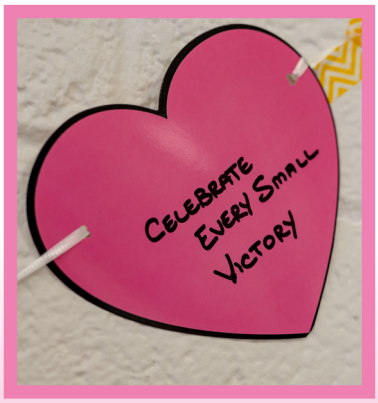
[ ] **Breast Cancer** [ ] **Colon Cancer** [ ] **Prostate Cancer**

[ ] **Gynecologic Cancer** [ ] **Lung Cancer** [ ] **Head and Neck Cancer**

[ ] **Skin Cancer** [ ] **Blood Cancer** [ ] _____

**SPECIAL THANKS TO OUR COLLABORATING PARTNERS ON A GUIDE TO CARING FOR YOURSELF!**

Riverside Health · Sentara · Virginia Oncology Associates · North Beach Plastic Surgery · Myriad genetics · Massey Comprehensive Cancer Center VCU · Genentech A Member of the Roche Group

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