

Women's Wellness Exam Checklist

Name: _____ Date of birth: _____

Contact information: _____ Date of last wellness exam: _____

Health area	Recommended screenings / check-ups	Frequency	Next appointment due	Completed	Notes / follow-up
General health	Vital signs (heart rate, blood pressure), BMI	Annually			
	Full physical exam	Annually			
Breast health	Clinical breast exam				
	Mammogram (breast cancer screening)	Annually			
Reproductive health	Pelvic exam	Annually			
	Pap smear	Every 3 years (21–29); every 5 years with HPV testing (30–65)			
	Cervical cancer screening	As recommended			
	Contraceptive counseling (if sexually active)	As needed			

Health area	Recommended screenings / check-ups	Frequency	Next appointment due	Completed	Notes / follow-up
Bone health	Bone density test (osteoporosis screening)	Every 2 years (post menopause)			
Cardiovascular health	Cholesterol and blood sugar tests	Every 4–6 years; annually if at risk			
Mental health	Mood and stress screening	Annually			
Lifestyle assessment	Nutrition and physical activity counseling	Annually			
	Tobacco and alcohol use assessment	Annually			
Additional notes					