

PLANNER - My Women's Health Planning Checklist for the new year

A Personal Guide for Planning My Health with My Gynecologist

My Name: _____

Date: _____

How to Use This Guide

- Complete it before your gynecology visit every year
- Bring it to your appointment
- Use it to guide discussion and shared decision-making
- Review and update it mid-year or when life changes

Talk to us at Sinel on 0247732448 and ask to see the doctor or speak with the telemedicine team

Section 1: Annual Health Review – What to Ask & Check

A. Screening & Preventive Care: Tick what applies /add others as needed.

☐ Cervical cancer screening (Pap smear / HPV test)

Date last done: _____ Result: _____

☐ Breast screening (clinical exam / ultrasound / mammogram if indicated)

Date last done: _____ Result: _____

☐ STI screening

Date last done: _____ Result: _____

☐ Blood pressure and cardiovascular risk review

Date last done: _____ Result: _____

☐ Blood sugar / diabetes screening

Date last done: _____ Result: _____

☐ Bone health assessment (if indicated)

Date last done: _____ Result: _____

☐ Vaccinations (HPV, tetanus, Hepatitis B, others)

Dates and type: _____

☐ Other screening or preventive care

Specify: _____

Date last done: _____ Result: _____

B. Menstrual and Hormonal Health

☐ My menstrual cycle is regular and predictable

☐ My bleeding is manageable

☐ I experience significant pain or discomfort

☐ I notice mood, sleep, or energy changes related to my cycle

☐ I am in a transitional stage (postpartum, breastfeeding, perimenopause)

☐ Other menstrual or hormonal concerns:

C. Fertility, Contraception, and Reproductive Plans

☐ Planning pregnancy within the next 1–2 years

☐ Delaying pregnancy

☐ Currently pregnant or postpartum

☐ Using contraception (review needed)

☐ Fertility testing or counselling desired

☐ Fertility preservation discussion

☐ Completed childbearing and planning long-term care

☐ Other reproductive goals or concerns:

D. Lifestyle and Daily Realities

- ☐ High stress levels
- ☐ Poor or irregular sleep
- ☐ Work demands affecting health
- ☐ Significant weight change
- ☐ Limited time for exercise or self-care
- ☐ Emotional strain or burnout

- ☐ Other lifestyle factors affecting my health:

Section 2: Known or Previous Medical Conditions /Tests

List any current or past diagnoses.

| Diagnosis / Test | Year Diagnosed | Current Status/ result | Treatment / Notes |
|------------------|----------------|---------------------------|-------------------|
| | | | |
| | | | |
| | | | |

Examples of diagnosis may include fibroids, PCOS, endometriosis, thyroid disease, hypertension, diabetes, anemia, menopause-related symptoms. Examples of tests include ultrasound scans, blood tests, biopsies, surgeries, fertility tests etc

Section 3: My Health Priorities for This Year

Choose no more than three.

- ☐ Improve energy and fatigue
 - ☐ Manage pain or heavy bleeding
 - ☐ Support fertility or pregnancy readiness
 - ☐ Manage perimenopause or menopause symptoms
 - ☐ Prevent long-term health problems
 - ☐ Improve mental and emotional wellbeing

 - ☐ Improve my Diet and exercise regime

 - ☐ Complete my screening tests

 - ☐ Improve relationships and have a health partner

 - ☐ Other priorities for this year:
-

Section 4: Practical Strategies for Follow-Through

Select as many as you need

- ☐ Schedule a dedicated health planning visit
- ☐ Complete all recommended screenings
- ☐ Track key symptoms monthly
- ☐ Keep a simple health record (notes or app)
- ☐ Attend follow-up appointments
- ☐ Ask questions and seek clarification

- ☐ Other strategies that will help me succeed:

Section 5: Barriers I Need to Address

- ☐ Time constraints
- ☐ Financial concerns
- ☐ Fear or anxiety about tests or results
- ☐ Lack of information
- ☐ Family or work responsibilities

- ☐ Other barriers:

Section 6: My Personal Notes

Use this space to write what matters most to you this year.

Section 7: Mindset Check - Tick ALL!

- ☐ My health deserves planning, not just crisis care
- ☐ I do not need to address everything at once
- ☐ Small steps make a meaningful difference
- ☐ My health plan must fit my life stage and reality
- ☐ I am an active partner in my healthcare

Section 8: My Action Points and Deliverables

| Action Item | Details /Targets / Plans | Completed |
|---------------------------|--------------------------|-----------|
| Book my appointment! | | |
| Complete Pap smear | | |
| Start symptom diary | | |
| Target weight by 6 months | | |
| My Muscle mass target | | |
| Exercise Targets | | |
| My Health partner | | |
| Screening test | | |
| | | |
| | | |
| Schedule follow-up | | |

Health planning is not about perfection; it is about preparedness, partnership, and purpose.