

# 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: \_\_\_\_\_

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## 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:

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## 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:
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## 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:
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## 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.

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## 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.**