

## **Your Prescription for Preconception Health (Women)**

Plan **now** for a healthier you (and baby) later

- Take a multivitamin with folic acid.
  - Recommended dose \_\_\_\_\_
  
- Eat Healthy- How many vegetables do you eat each day? \_\_\_\_\_ Fruit? \_\_\_\_\_
  
- Maintain a healthy weight.
  - Target weight \_\_\_\_\_
  
- Stop Smoking.
  - Stop Date \_\_\_\_\_
  - Action Plan \_\_\_\_\_
  
- Stop drinking alcohol.
  - Action Plan \_\_\_\_\_
  
- Visit your dentist.
  - Next visit \_\_\_\_\_
  
- Review all medications with your medical provider.
  - Current medications \_\_\_\_\_
  
- Review all medical conditions with your provider. List:
  - Current Blood Pressure \_\_\_\_\_
    - Target BP \_\_\_\_\_
  
  - Current Blood Sugar \_\_\_\_\_
    - Target Blood Sugar \_\_\_\_\_
  
- Update your vaccinations:
  - Rubella \_\_\_\_\_
  - Tetanus \_\_\_\_\_
  - Hepatitis A&B \_\_\_\_\_
  - HPV (if 12-26 years old)

- Tdap\_\_\_\_\_
  - Annual flu \_\_\_\_\_
  - Pneumococcal (if have certain health conditions) \_\_\_\_\_
  - Any recommended childhood series you did not receive or complete\_\_\_\_\_
- Get Tested for HIV, Hepatitis C, and other sexually transmitted diseases
    - Test Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Some other things to consider.....

- What does insurance cover?
- What savings do you have?
- Will you receive time off from work?
- Will you get paid time off?

**Prescription for Preconception Health Created by:** Statewide Preconception Care Committee of Illinois **in conjunction with:** Lake County Health Department and Community Health Center

## **Your Prescription for Preconception Health (MEN)**

Plan **now** for healthier you (and family) later

- Take a multivitamin
- Eat Healthy – how many vegetables do you eat each day? \_\_\_\_\_ Fruit? \_\_\_\_\_
- Maintain a healthy weight.
  - Target weight \_\_\_\_\_
- Stop Smoking.
  - Stop Date \_\_\_\_\_
  - Action Plan \_\_\_\_\_
- Stop Drinking Alcohol.
  - Action Plan \_\_\_\_\_
- Get adequate sleep.
  - Recommended hours \_\_\_\_\_
- Perform self-testicular exam.
- Check for work place hazards.
- Wear loose pants and underwear.
- Stay away from frequent cycling.
- Visit your dentist.
  - Next visit \_\_\_\_\_
- Review all medications with your medical provider.
  - Current medications: \_\_\_\_\_
- Review all medical conditions with your provider: List: \_\_\_\_\_
  - Current Blood Pressure \_\_\_\_\_
    - Target BP \_\_\_\_\_
  - Current Blood Sugar \_\_\_\_\_
    - Target Blood Sugar \_\_\_\_\_

- Update your vaccinations:
  - Rubella\_\_\_\_\_
  - Tetanus\_\_\_\_\_
  - Hepatitis A&B\_\_\_\_\_
- Get Tested for HIV, Hepatitis C and other sexually transmitted diseases.
  - Test Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Some other things to consider.....

- What will your insurance cover?
- What savings do you have?
- Will you receive time off from work? \_\_\_\_\_ How much? \_\_\_\_\_
- Will you get paid time off?

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