Annual Health Checklist for People with Psoriatic Disease

This checklist is designed to support discussions with your healthcare team. Bring it to your annual review or routine GP appointment. Tick off items as you go.

1. Skin and Joints

- ☐ Review psoriasis severity (extent, plaques, nail involvement)
- ☐ Screen for psoriatic arthritis symptoms: joint pain, swelling, stiffness, enthesitis, dactylitis
- ☐ Review treatment effectiveness (topical, systemic, biologic, phototherapy)
- ☐ Check medication side effects (including liver/kidney monitoring if on systemic therapies)

2. Cardiovascular Health

- ☐ Measure blood pressure
- ☐ Check cholesterol and lipid profile
- ☐ Screen for family history of heart disease or stroke
- ☐ Assess smoking status and provide support to quit if needed
- ☐ Check weight and BMI
- ☐ Assess physical activity levels
- ☐ Discuss diet for heart health

3. Diabetes and Metabolic Health

- ☐ Check fasting glucose or HbA1c (for diabetes risk)
- ☐ Assess for metabolic syndrome (waist circumference, blood pressure, triglycerides, HDL cholesterol, glucose)
- ☐ Review weight management strategies

4. Mental Health and Wellbeing

- ☐ Screen for depression (e.g., K10)
- ☐ Screen for anxiety (e.g., GAD-7)
- ☐ Ask about stress, sleep quality, and coping strategies
- ☐ Provide referral for psychological support if needed

5. Gastrointestinal Health

- ☐ Screen for inflammatory bowel disease (IBD) symptoms (abdominal pain, diarrhea, blood in stool)
- ☐ Review any GI side effects from medications

6. Eye Health

- ☐ Ask about eye symptoms (redness, pain, blurred vision, sensitivity to light)
- ☐ Screen for uveitis if history or symptoms present
- ☐ Recommend regular eye exam

7. Bone and Joint Health

- ☐ Assess for osteoporosis risk (especially if corticosteroid use or post-menopausal)
- ☐ Consider bone density scan if indicated
- ☐ Check posture, mobility, and physical activity

8. Liver and Kidney Health (if on systemic medications)

- ☐ Blood tests: liver function (ALT, AST, ALP)
- ☐ Kidney function (creatinine, eGFR)
- ☐ Screen for fatty liver disease (if at risk)

9. Cancer Screening

- ☐ Skin cancer check (especially if history of phototherapy or immunosuppressants)
- ☐ Cervical screening (for women as per guidelines)
- ☐ Bowel cancer screening (per national guidelines, usually age 50+)
- ☐ Prostate check (for men as per guidelines and family history)

10. Infection Risk and Immunisations

- ☐ Review vaccination status (influenza, pneumococcal, COVID-19, shingles, hepatitis B if at risk)
- ☐ Screen for latent TB or hepatitis if on biologics
- ☐ Check for recurrent infections

11. Lifestyle and Preventive Health

- ☐ Nutrition and healthy eating discussion
- ☐ Alcohol intake review
- ☐ Sleep quality assessment
- ☐ Exercise and mobility check
- ☐ Smoking cessation support
- ☐ Sun protection and skin care advice

Tip: Keep a copy of your results each year to track changes in your health.

Important: This checklist should be used with your healthcare team and does not replace any professional medical advice you may receive.