

THE ADULTING VAULT

Health and Body Basics

How to Look After Yourself Without a Medical Degree

Everything They Forgot to Tell You

Nobody teaches you how to be a patient. You leave home knowing you should probably see a doctor sometimes, without knowing which kind, how often, what any of your numbers mean, or what actually warrants a trip to the emergency department at two in the morning. This guide covers the operational basics — the appointments that matter, how to read your own results, how to decide where to go when something is wrong, and how to keep the cost from becoming the reason you do not go at all.



Please Read This First

This guide is general educational information, not medical advice. It is not a substitute for diagnosis, treatment, or care from a qualified clinician who knows your history. Nothing here creates a provider-patient relationship. Do not delay seeking care, or disregard advice you have been given, because of something you read here. If you think you may have a medical emergency, call 911 or go to your nearest emergency department.

CURRENCY OF THIS GUIDE

Screening intervals and clinical thresholds are periodically revised and differ between professional bodies. This guide describes what each measure is and what to ask about rather than printing specific targets, precisely because those change. Nothing here is tailored to you — a clinician who knows your history is.

Part One: The Baseline

Four relationships worth having before you need them.

Who	What they are for
A primary care clinician	The person who knows your history, coordinates everything else, and refers you onward. The single most valuable one to establish, and the one most people skip until something is wrong.
A dentist	Oral health is connected to broader health more than most people realize. Also the appointments where problems get caught while they are still cheap.
An eye examination	Detects conditions with no symptoms — including some that are not about eyes at all, such as diabetes and high blood pressure.
A pharmacist	Free, walk-in, and genuinely expert on medications and interactions. Enormously underused.

ESTABLISH PRIMARY CARE BEFORE YOU ARE ILL

New patient appointments frequently book weeks or months out. Trying to establish care while something is actively wrong means going to urgent care instead, which costs more and involves someone who does not know you.

If you have moved, changed insurance, or aged out of a family doctor, sorting this out is a genuinely worthwhile afternoon.

What a routine visit covers

Typically: vital signs, a review of medications and history, age-appropriate screening, vaccinations, and whatever you raise. That last part is the one you control, and it is the one that most often gets skipped.

- ☐ Write down what you want to raise before you go
- ☐ Bring a full list of medications and supplements, including anything not prescribed
- ☐ Know your family history — parents and siblings, and what they were diagnosed with and roughly when
- ☐ Ask which screenings you are due for at your age and with your history

Part Two: Your Own Numbers

What each measure is actually looking for.

Thresholds get revised and differ between guidelines, so this section covers what each number means rather than what it should be. Ask your clinician what your result means for you specifically — the same figure can be reassuring in one person and a concern in another.

Measure	What it tells you
Blood pressure	Pressure in your arteries. Sustained high blood pressure damages vessels silently for years, which is why it is called a silent condition. Almost always symptomless until it is not.
Cholesterol panel	Several values, not one. The ratio and the individual components matter more than a single total figure.
Blood glucose and HbA1c	Current and roughly three-month average blood sugar. Identifies diabetes and the prediabetic range, where intervention is most effective.
Complete blood count	Red cells, white cells, platelets. Picks up anemia, some infections, and other conditions.
Thyroid function	An underactive or overactive thyroid produces symptoms easily mistaken for depression, anxiety, or simply being tired.
Vitamin D and B12	Deficiencies are common, produce vague symptoms, and are straightforward to correct.
ON BMI	
Body mass index is a population-level statistic being applied to an individual. It does not distinguish muscle from fat, does not account for where weight sits, and performs differently across ethnic groups.	
It is a rough screening figure, not a diagnosis and not a verdict. If a clinician uses it to dismiss a symptom without investigating, that is a reasonable thing to push back on: "I understand, and I would still like this symptom investigated."	

Get your results

You are generally entitled to your test results and records. Ask for them, keep them, and bring them when you change clinicians. Having your own numbers over several years is more useful than any single reading, because trends matter more than points.

Part Three: Where to Go When Something Is Wrong

The decision that costs people the most money and the most delay.

Where	For what	Notes
Call 911 / emergency department	Chest pain, difficulty breathing, signs of stroke, severe bleeding, head injury with confusion, severe allergic reaction, suspected overdose, thoughts of harming yourself.	Never delay for cost. Emergency departments must evaluate you regardless of ability to pay.
Urgent care	Suspected fractures, cuts needing stitches, infections, fevers, things that cannot wait for an appointment but are not emergencies.	Dramatically cheaper than an emergency department for the same complaint.
Primary care	Anything ongoing, anything recurring, medication management, and everything preventive.	Many offer same-day slots. Ask.
Nurse advice line	When you genuinely cannot tell which of the above applies.	Frequently free through your insurer or clinic. Underused.
Pharmacist	Medication questions, interactions, minor complaints, whether a symptom is a side effect.	Free and requires no appointment.
Telehealth	Rashes, prescription refills, follow-ups, an initial opinion.	Cheap and fast for the right complaint.

Learn the stroke signs

Sudden face drooping, arm weakness, or speech difficulty means call emergency services immediately and note the time symptoms started. Treatment is time-critical in a way that is measured in minutes, and driving yourself is the wrong choice.

Other things not to wait on

- Chest pain or pressure, particularly with sweating, nausea, or pain into the arm or jaw
- Sudden severe headache described as the worst you have had
- Difficulty breathing that is new or worsening
- A fever with a stiff neck, confusion, or a rash that does not fade under pressure
- Any bleeding you cannot control
- Thoughts of harming yourself — call or text 988, or go to an emergency department

Part Four: The Foundations

Sleep, movement, food, and the honest version of each.

Sleep

The most underrated variable in health, and the one people trade away first. Insufficient sleep affects immune function, mood, blood sugar regulation, concentration, and appetite signalling. Much of what people treat as a stress problem or a discipline problem is a sleep problem.

- Consistent timing matters more than total hours. The same bedtime and wake time, including weekends
- Light exposure early in the day helps set the rhythm. Screens late work against it
- Alcohol reliably degrades sleep quality even when it speeds getting to sleep
- Caffeine has a long half-life. An afternoon coffee is still active at bedtime for many people
- Persistent insomnia, loud snoring with daytime exhaustion, or stopping breathing during sleep are medical issues, not habits. Sleep apnoea is common, widely undiagnosed, and treatable

Movement

The strongest evidence is unglamorous: regular movement of almost any kind, sustained over years, does more for long-term health than any specific program. Walking counts. The best form of exercise is genuinely the one you will keep doing.

- Something aerobic, regularly, for cardiovascular and metabolic health
- Something involving resistance, because muscle and bone density matter enormously later and are much easier to keep than to rebuild
- Something for balance and mobility, which is what prevents the falls that change lives in older age
- Interrupting long periods of sitting appears to matter somewhat independently of formal exercise

A NOTE ON INTENSITY

If you are starting from nothing, starting small and staying consistent beats starting hard and stopping. This is not motivational framing — the health benefit comes from the years, not the sessions.

If exercise has become something you feel compelled to do, or you feel unable to rest,

that is worth raising with a clinician.

Eating

This guide does not prescribe a diet, set targets, or recommend restriction. The general principles that hold up across the evidence are unremarkable and do not require a plan.

- Eat regularly. Skipping meals affects concentration, mood, and later eating more than most people notice
- More plants, more fiber, and more variety, across whatever cuisine you actually eat
- Enough protein, which becomes more important with age
- Adequate hydration, without needing to track it
- Food is also culture, comfort, and connection. A framework that treats it purely as fuel tends not to last

WHEN EATING IS NOT SIMPLE

If food, weight, or your body has become a source of persistent distress — if you are restricting, compensating, or unable to stop thinking about it — that is a health issue in its own right and it is treatable.

The National Alliance for Eating Disorders operates a helpline staffed by clinicians. Your primary care clinician is also a legitimate place to start, and this is a common conversation for them.

Part Five: Medications

The pharmacist is the most accessible expert in the system.

Questions worth asking about any new prescription

- ☐ What is this for, and how will we know it is working?
- ☐ How and when do I take it — with food, at a particular time, for how long?
- ☐ What are the common side effects, and which ones mean I should call?
- ☐ Does it interact with anything else I take, including supplements?
- ☐ What happens if I miss a dose?
- ☐ Is there a generic, and is it cheaper?

Things that go wrong

- Stopping antibiotics early because you feel better. Complete the course
- Stopping a medication abruptly because of a side effect. Some require tapering, and stopping suddenly can be dangerous. Call first
- Assuming supplements are inert. Several interact meaningfully with prescription medications
- Using more than one product containing the same active ingredient without realizing — this is a common cause of accidental overdose with common painkillers
- Not telling one clinician what another prescribed

KEEP ONE LIST

Every medication, dose, and supplement, on your phone. Show it at every appointment and every pharmacy.

This single habit prevents more medication errors than anything else you can do.

Part Six: Cost

Because cost is the reason most avoidable problems become unavoidable ones.

Before care

- Ask what something costs. You are allowed to, and prices vary enormously for identical services
- Confirm the facility and the clinician are both in network. They are billed separately and one can be out of network while the other is not
- Preventive care is often covered in full. Ask which of your screenings fall under that
- Ask for the self-pay or cash price. It is sometimes lower than the insured rate

After a bill

- Request an itemized bill. Errors are common and duplicate charges are routine
- Compare it against your explanation of benefits
- Ask about financial assistance or charity care. Non-profit hospitals generally have such programs and rarely advertise them
- Ask for an interest-free payment plan before using a credit card
- Bills can be negotiated, and appeals of denied claims succeed more often than people expect. Denial is not the end of the process

If you are uninsured

- Federally qualified health centers charge on a sliding fee scale regardless of ability to pay
- Local health departments provide many services free or at low cost
- Prescription discount programs are free to use and sometimes beat insurance pricing
- Hospital financial assistance applies retroactively in many cases. Ask even after the bill arrives

Closing

Most of what determines long-term health is not dramatic. It is having someone who knows your history, going when something changes, sleeping enough, moving regularly, and not letting a bill you could have negotiated turn into a condition you did not treat.

The part people underestimate is the administrative side. Establishing care before you need it, keeping your own records, keeping one medication list, and asking what things cost are not medical skills — they are the skills that determine whether the medical part ever happens.

WORTH DOING THIS MONTH

Establish primary care if you do not have it.

Write your medication and supplement list into your phone.

Find out which screenings you are due for.

Save your local nurse advice line number.

If you are in distress: call or text 988, or chat at 988lifeline.org.