Medicare Annual Wellness

Beginning Jan 2011, Medicare covers this visit & it is NOT subject to
Part B deductibles/co-insurance/copayments, which means that it is of *NO expense to you.*
This is an appointment to ***discuss your preventive health in order to keep you healthy.***

Name:____ Date of birth: ______________

ADLs & functional capacity		
Do you need help with preparing meals?	☐ Yes	☐ No
Do you need help with transportation and/or shopping?	☐ Yes	☐ No
Do you need help with taking your medication?	☐ Yes	☐ No
Do you need help with managing your finances?	☐ Yes	☐ No
Do you live alone?	☐ Yes	☐ No
Have you fallen 2+ times in the past year?	☐ Yes	☐ No
Are you afraid of falling?	☐ Yes	☐ No
In the past 4 weeks, have you had moderate to severe pain?	☐ Yes	☐ No
Do you exercise on a daily basis?	☐ Yes	☐ No

Home safety		
Does your home have throw rugs, poor lighting, or a slippery bathtub/shower?	☐ Yes	☐ No
Does your home LACK grab bars in the bathroom, handrails on stairs/steps, etc?	☐ Yes	☐ No
Does your home LACK functioning smoke alarms?	☐ Yes	☐ No

Depression		
Over the *past 4 weeks*, have you felt little interest/ pleasure in doing things?	☐ Yes	☐ No
Over the *past 4 weeks*, have you felt down, depressed or hopeless?	☐ Yes	☐ No

Hearing Loss		
Do you have trouble hearing the TV or radio when others do not?	☐ Yes	☐ No
Do you strain/struggle to hear/understand conversations?	☐ Yes	☐ No

99406/99407 **Other**		
Are you a smoker?	☐ Yes	☐ No
If so, do you have any desire to quit?	☐ Yes	☐ No
Do you consume >2 alcoholic drinks per day?	☐ Yes	☐ No

99497/99498 **Advanced care planning**		
Do you have a DPOA/DPOH (power of attorney/healthcare) or a living will?	☐ Yes	☐ No
Do you have a DNR (do not resuscitate) order?	☐ Yes	☐ No

Preventive screening & Immunizations			
Colonoscopy/fecal occult cards *(50-75 years old)*	☐ Yes	☐ No	☐ Unknown
***Females*: Mammogram** *(40-74 years old)*	☐ Yes	☐ No	☐ Unknown
Pneumonia: Prevnar 13/PneumoVax 23	☐ Yes	☐ No	☐ Unknown
Tetanus/Td/Tdap *(give Rx)*	☐ Yes	☐ No	☐ Unknown
Shingles (Zostavax or Shingrix) *(give Rx)*	☐ Yes	☐ No	☐ Unknown