

Patient Centered Care Plan

Name: _____ DOB: _____ Date of Service: _____

ADL's & Functional capacity & Social Determinant	G8427 & G0136-33	
Do you need help with <u>preparing meals</u> ?	☐ Yes	☐ No
Do you need help with <u>transportation and/or shopping</u> ?	☐ Yes	☐ No
Do you need help with <u>taking your medication</u> ?	☐ Yes	☐ No
Do you need help with: <u>Bathing? Dressing? Toileting?</u>	☐ Yes	☐ No
Do you <u>live alone</u> ?	☐ Yes	☐ No
In the past year, has it been hard for you to pay for basics: <u>food, meds, utilities</u>	☐ Yes	☐ No

Home Safety	0518F	
Have you had a vision screen in the past year?	☐ Yes	☐ No
Have you <u>fallen</u> 2+ times in the past year?	☐ Yes	☐ No
Does your home have throw rugs, poor lighting, or a slippery bathtub/shower?	☐ Yes	☐ No
Does your home HAVE grab bars in the bathroom, handrails on stairs/steps?	☐ Yes	☐ No
Does your home HAVE functioning smoke alarms?	☐ Yes	☐ No

Depression	Screening	G0444-33
In the <u>past 4 weeks</u> , have you felt little interest/ pleasure in doing things?	☐ Yes	☐ No
In the <u>past 4 weeks</u> , have you felt down, depressed or hopeless?	☐ Yes	☐ No

Alcohol	Screening	G0442-33
Do you consume more than <u>4</u> alcoholic drinks <u>per day</u> ?	☐ Yes	☐ No

Cardiovascular	Screening	G0537-33
Do you <u>exercise</u> regularly?	☐ Yes	☐ No
Do you experience snoring or sleep apnea?	☐ Yes	☐ No
Do you get adequate hours of sleep each night?	☐ Yes	☐ No
Discussion on CV Risk Factor Mgmt (HTN, lipids, pre- or DM, smoking Fm Hx, obesity)		G0538-59
Provider circle one: F2F intensive counseling on CV risk reduction/diet and exercise: CAD / Stent / By-Pass Surgery / Heart Failure / Valve Disease / Arrhythmia / Stroke		Provider circle: or YES \ NO G0446-59

Medicare Annual Wellness

- ☐ Welcome to Medicare
- ☐ Initial Medicare Wellness
- ☐ Subsequent Medicare Wellness

(EKG G0403) **G0402**
G0438
G0439

Preventive & Immunizations		
Colonoscopy / Cologuard / FIT (50-75 years old)	☐ Yes 3017F	☐ No 3017F-8p
<u>Females:</u> Mammogram (40-74 years old)	☐ Yes G9899	☐ No G9900
Pneumonia: Prevnar 20 or PneumoVax 23 (G0009)	☐ Yes M1305	☐ No M1304
Influenza: (G0008)	☐ Yes M1299	☐ No M1300

Advanced Care Planning PE Z00.00 Provider add to note 99497-33		
Do you have a DPOA/DPOH (power of attorney/healthcare) or a living will?	☐ Yes 1123F	☐ No 1124F
Do you have a DNR (do not resuscitate) order?	☐ Yes 1123F	☐ No 1124F

Other Smoke cessation F17.210 - Provider add to note 99406-59		
Weight: BMI >30 BMI – Provider add to note G0447-59		
Are you a <u>smoker</u> ?	☐ Yes G9902	☐ No G9903
If yes, do you have any desire to quit?	☐ Yes	☐ No
LDCT: 20 pack-per-year history/50-80 yrs old/Smoker/Quit within past 15 years Provider Circle G0296-59		

For Office Use Only

Diabetes: _____ 3044F A1C 6.9 or less _____ 3051F A1C 7.0 to 8.0 _____ 3052F A1C 8.1 to 9.0 _____ 3046F A1C 9.0 or greater Hyperlipidemia: _____ 3048F LDL 100 or less _____ 3049F LDL 100-129 _____ 3050F LDL 130 or greater	Hypertension: _____ 3074F Systolic 130 or less _____ 3075F Systolic 130-139 _____ 3077F Systolic 140 or greater _____ 3078F Diastolic 80 or less _____ 3079F Diastolic 80-89 _____ 3080F Diastolic 90 or greater
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