



ANNUAL WELLNESS VISIT QUESTIONNAIRE

NAME _____

BIRTHDATE _____

PRIMARY PROVIDER _____

APPT DATE _____

CURRENT PROVIDERS AND SUPPLIERS

(i.e. Provider – Cardiologist; Supplier – Pharmacy, Oxygen, DME)

Provider Name

CURRENT MEDICATIONS:

Reviewed and verified

DRUG ALLERGIES/DRUG SENSITIVITIES:

Reviewed and verified

PAST SURGERIES:

Reviewed and verified

PAST HOSPITALIZATIONS:

Reviewed and verified

FAMILY HISTORY:

Reviewed and verified

PERSONALIZED HEALTH PLAN

NAME:	DATE OF BIRTH:	DATE OF SERVICE:	
Preventive screen (frequency)	Coverage	Previously tested (If yes, when?)	Scheduled for screenings
Bone Mass Measurements (every 24 months)	Medicare patients at risk for developing Osteoporosis		
Cardiovascular Screening Blood Tests (every 5 yrs) – Lipid panel – Cholesterol – Lipoprotein – Triglycerides	All asymptomatic Medicare patients		
Colorectal Cancer Screening – Flexible sigmoidoscopy (4 years, or once every 10 years after a screening colonoscopy) – Screening colonoscopy (every 24 months at high risk; every 10 years not at high risk) – Fecal occult blood test (annually) – Barium enema (every 24 months at high risk; every 4 years not at high risk) – Cologuard (every 3 yrs)	– Medicare patients age 50 and up – Screening colonoscopy: Those at high risk; no minimum age – No minimum age for having a barium enema as an alternative to a high risk screening colonoscopy if the patient is at high risk		
Diabetes Screening Tests (2 screening tests per year)	Medicare patients with certain risk factors for diabetes or diagnosed with pre-diabetes (patients previously diagnosed with diabetes aren't eligible for benefit)		
Diabetes Self-Management Training (DSMT) and Medical Nutrition Therapy (Up to 10 hours of initial training within a continuous 12- month period; subsequent years up to 2 hours of follow-up training each year after initial year)	Medicare patients at risk for complications from diabetes, recently diagnosed with diabetes or previously diagnosed with diabetes (must certify DSMT need)		
Glaucoma Screening (annually for patients in one of the high risk groups)	Patients with diabetes mellitus, family history of glaucoma, African- Americans age 50 and over, or Hispanic-Americans age 65 and up		
Prostate Cancer Screening (annually) – Digital rectal exam – Prostate specific antigen test	All male patients 50 or older		
Screening Pap Tests and Pelvic Examination (annually if high-risk, or childbearing age with abnormal Pap test within past 3 years; every 24 months for all other women)	All female Medicare patients		
Screening Mammography (annually)	All female patients 40 or older		
Vaccines – Prevnar / Pneumococcal (at least 1 year apart) – Seasonal Influenza (once per flu season in the fall or winter) – Hepatitis B (scheduled dosages required)	All Medicare patients – May provide additional pneumococcal vaccinations based on risk and provided that at least 5 years have passed since previous dose – Hepatitis B, if medium/high risk		

Provider to give Personalized Health Plan to patient.