

Where generations thrive®

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			

Scan in Medicare Annual Wellness Folder as: MM/DD/YYYY Annual Wellness Visit Questionnaire

Social and Safety Questionnaire Date of Birth: Patient Name: Do you use tobacco?

Fauent Name:	Date of birth:		1
Do you use tobacco?		YES	NO
If yes, How many years?	How many per day?		
Who do you live with?			
Married/ Single/ Divorced/ Widowed			
Are you exposed to second hand smoke?		YES	NO
What is your highest level of education?		1 Lo	NO
what is your nightest level of education:			
Do you use any recreational drugs?		YES	NO
What are your hobbies?			
		MEG	NO
Do you exercise?		YES	NO
Do you have any pets?		YES	NO
Are you sexually active?		Male	Female
Do you wear your seatbelt?		YES	NO
Do you feel safe at home? Do you drink caffeine?		YES	NO NO
What is your religion?		YES	NO
Do you have any guns in the home?		YES	NO
Do your smoke detectors work?		YES	NO
Do you have any financial concerns?		YES	NO
Do you have any imancial concerns:		ILS	NO
Have you had any falls in the last year?		YES	NO
If so: How many falls? Any In	iuries?	120	110
Do you need help with preparing meals?	J. C.	YES	NO
Do you need help with transportation?		YES	NO
Do you need help with shopping?		YES	NO
Do you need help with taking medicine?		YES	NO
Do you need help with managing finances?		YES	NO
Do you need help with other activities or dail	ly living?	YES	NO
Do you live alone		YES	NO
Do you have any throw rugs in your home?		YES	NO
Do you have poor lighting in your home?		YES	NO
bo you have poor righting in your nome.		LLS	110
Do you have a slippery bathtub/shower?		YES	NO
Does your home have grab bars in the bathro	om?	YES	NO
Does your home have handrails on stairs or s	teps?	YES	NO
Do you have working smoke alarms in your	home?	YES	NO
December 11.1	1' . 0	T/D0	NO
Do you have trouble hearing the television of		YES	NO
Do you strain or struggle to hear/understand	conversations?	YES	NO
Do you have an Advance Directive?		YES	NO

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.