

MEDICARE ANNUAL WELLNESS VISIT

This is your Annual Medicare Physical Exam. This is for screening and wellness purposes only. We will not be able to refill your routine medications at this visit.

Patient's Name: _____ D.O.B.: _____

Part B eligibility date: _____ Date of exam: _____

Medical History

Past personal illness

Date first diagnosed

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please List All Allergies

Allergy

Reaction

_____	_____
_____	_____
_____	_____
_____	_____

Family History

Mother _____

Father _____

Sibling _____

General Family Health _____

Social History

Tobacco Use _____

Alcohol Use _____

Drug Use _____

Marital Status _____

Occupation (current or retired) _____

Below, please list all medications, vitamins and supplements you take daily or as needed

Please list all of your current Medical Providers

Name

Specialty

Reason

Post Surgical History

Please list any surgical procedures, surgeon and date

Surgery

Date

Surgeon

Is the patient on a special diet? Why? _____

Detection of cognitive impairment: _____

Depression Screen (asks the following questions, check the response)

- | | |
|--|----------|
| 1. Over the last two weeks, have you felt down, depressed or hopeless | Yes - No |
| 2. Over the last two weeks, have you felt little interest or pleasure in doing things? | Yes - No |

Hearing Loss Screen

- | | |
|--|----------|
| 1. Do you have trouble hearing the television or radio when others do not? | Yes - No |
| 2. Do you have to strain or struggle to hear/understand conversations? | Yes - No |

Function Screen

- | | |
|---|----------|
| 1. Do you need help with preparing meals, transportation, shopping, taking your medicine, managing your finances or other activities of daily living? | Yes - No |
| 2. Do you live alone? | Yes - No |

Home Safety Screen

- | | |
|---|----------|
| 1. Does your home have throw rugs, poor lighting, or a slippery bathtub/shower? | Yes - No |
| 2. Does your home LACK grab bars in bathrooms, handrails on stairs and steps? | Yes - No |
| 3. Does your home LACK functioning smoke alarms? | Yes - No |

Fall Screen

- | | |
|---|----------|
| 1. Was the patient unsteady or take longer than 30 seconds during the timed "get up And go" test? | Yes - No |
|---|----------|

Advanced Care Planning

1. Patient Consent: "I consent to discuss end-of-life issues with my healthcare provider".

Patient/Guardian Signature

Date

2. Patient already has executed an Advanced Directive
3. If no, patient was given an opportunity to execute an Advance Directive today?
4. Physician Statement: "This individual has the ability to prepare an Advance Directive".
5. Physician has completed a physician order for life-sustaining treatment, or similar document of reflecting the patient's wishes for an advanced care plan.
6. Physician is willing to follow the patient's wishes.

PREVENTIVE SCREEN (FREQUENCY)	COVERAGE	PREVIOUSLY TESTED If yes when	SCHEDULED FOR SCREENINGS (5-10 YRS)
Bone Mass Measurements (every 24 months) (Bone Density)	Medicare patients at risk for developing Osteoporosis		
Cardiovascular Screening Blood Tests (every 5 years) (Cholesterol) PA -Lipid panel -Cholesterol -Lipoprotein -Triglycerides	All asymptomatic Medicare patients (12 hours fast is required)		
Colon 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)	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 for patient diagnosed with pre-diabetes; 1 screening per year if previously tested, but not diagnosed with pre-diabetes or if never tested)	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 DMST need)		
Glaucoma Screening (annually for patient insurance 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 -Pneumococcal (once in a lifetime) -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		
Abdominal Aortic Aneurysm Screen	1 - Physical exam within first 12 months of joining Medicare 2 - Person has family history of AAA or is a man who smoked at least 100 cigarettes in is life time 3 - Original Medicare – you pay 2%		

Provider Signature_____Date_____



KATY INTERNAL MEDICINE ASSOCIATES

Thinking Ability Changes

	YES	NO
I have noticed a recent decline in my memory.	()	()
Others (my friends or family) tell me that I am forgetting things they tell me.	()	()
My ability to concentrate seems to have declined recently.	()	()
I have suffered recent losses that might hurt some of my thinking abilities.	()	()
I get confused or easily distracted more than I used to.	()	()

This section for office use only

Patient/Last: _____ First: _____ M.I: _____

Date of Birth (mo/day/yr): _____ Patient Code: _____

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____

DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?

(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so figety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns

+

+

(Healthcare professional: For interpretation of TOTAL, TOTAL: please refer to accompanying scoring card).

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____
 Somewhat difficult _____
 Very difficult _____
 Extremely difficult _____

The 6CIT Dementia Test

How the test works

Question	Score range	Weighting
What Year is it	0-1	x4
What month is it	0-1	x3
<i>Give the memory phrase</i> <i>e.g.</i> <i>(John/Smith/42/West</i> <i>Street/Bedford)</i>		
About what time is it	0-1	x3
Count back from 20-1	0-2	x2
Say months in reverse	0-2	x2
Repeat the memory phrase	0-5	x2
Total score for 6CIT	0-28	

0-7 = normal - referral not necessary at present

8- 9 = mild cognitive impairment - probably refer

10-28 = significant cognitive impairment - refer