

## Medicare Annual Wellness Visit

@NAME@ is a @AGE@ @SEX@ who presents @TD@ for an Annual Medicare wellness exam.

### **Physical Activity**

In the past 7 days, how many days did you exercise? {Days/wk:26800}

On days when you exercised, for how long did you exercise (in minutes)? {minutes/day:26801}

How intense was your typical exercise? {intensity of exercise:26802}

### **Tobacco Use**

In the last 30 days, have you used tobacco? {YES NO:31369}

Used a smokeless tobacco product: {YES NO:31369}

Would you be interested in quitting in the next month? {YES NO:31369}

### **Alcohol Use**

In the past 7 days, on how many days did you drink alcohol? {Days/wk:26800}

On days when you drank alcohol, how often did you have 4 or more drinks in one occasion? {frequency of >4 drinks:26803}

Do you ever drive after drinking, or ride with a driver who has been drinking? {YES NO:31369}

### **Nutrition**

In the past 7 days, how many servings of fruits and vegetables did you typically eat each day? \*\*\*

In the past 7 days, how many servings of high fiber or whole grain foods did you typically eat each day? \*\*\*

In the past 7 days, how many servings of fried or high-fat foods did you typically eat each day? \*\*\*

In the past 7 days, how many sugar-sweetened (not diet) beverages did you typically consume each day? \*\*\*

### **Seat Belt Use**

Do you always fasten your seat belt when you are in a car? {YES NO:31369}

### **Depression**

In the past 2 weeks, how often have you felt down, depressed, or hopeless? {depression rating:26804}

In the past 2 weeks, how often have you felt little interest or pleasure in doing things? {depression rating:26804}

Have your feelings caused you distress or interfered with your ability to get along socially with family or friends? {YES NO:31369}

### **Anxiety**

In the past 2 weeks, how often have you felt nervous, anxious, or on edge? {depression rating:26804}

In the past 2 weeks, how often were you not able to stop worrying or control your worrying? {depression rating:26804}

### **High Stress**

How often is stress a problem for you in handling such things as: health, finances, family or social relationships, work? {frequency:26806}

How often do you get the social and emotional support you need: {frequency:26807}

### **Pain**

In the past 7 days, how much pain have you felt? {frequency:26808}

### **General Health**

In general, would you say your health is : {esk amb health status:26809}

How would you describe the condition of your mouth and teeth—including false teeth or dentures? {esk amb health status:26809}

### **Activities of Daily Living**

In the past 7 days, did you need help from others to perform everyday activities such as eating, getting dressed, grooming, bathing, walking, or using the toilet? {YES NO:31369}

### **Instrumental Activities of Daily Living**

In the past 7 days, did you need help from others to take care of things such as laundry and housekeeping, banking, shopping, using the telephone, food preparation, transportation, or taking your own medications? {YES NO:31369}

### **Sleep**

Each night, how many hours of sleep do you usually get? \*\*\* hours

Do you snore or has anyone told you that you snore? {YES NO:31369}

In the past 7 days, how often have you felt sleepy during the daytime? {frequency:26807}

### **Medical/Family History**

PCP: @PCP@

@HXPMH@

@HXFAMILY@

@MEDSCURRENT@

### **Functional/Safety Assessment**

Rugs: {yes no:25297}

Handrails/grab bars: {yes no:25297}

Poor lighting: {yes no:25297}

Risk of falls: {yes no:25297}

Get and go: {yes no:25297}

Smoke detectors: {yes no:25297}

Seatbelts: {yes no:25297}

Carbon monoxide detector: {yes no:25297}

Firearms in house: {yes no:25297}

Hearing impairment: {yes no:25297}

### **Vitals**

Vision by Snellen chart: right eye:{vision:25298}, left eye:{vision:25298}

@VITALS@

@BMI@

### **Cognitive Screen**

@FLOW(11279,11280)@

### **Written Screening Schedule**

Physical (65+, annually)	{select appropriate for screening:25876}
Blood pressure (All ages, every 2 yrs)	{select appropriate for screening:25876}
Cholesterol (45+, every 5 yrs or more if family history of high cholesterol is present)	{select appropriate for screening:25876}
Colorectal screen (50+, every 1 to 10 yrs depending on screening method)	{select appropriate for screening:25876}
Prostate screen (50-75, as directed by MD)	{select appropriate for screening:25876}
Breast exam (All ages, annually)	{select appropriate for screening:25876}
Mammogram (50+, annually)	{select appropriate for screening:25876}
Pelvic (All ages, every 1-3 yrs depending on health status)	{select appropriate for screening:25876}
Osteoporosis (women 65+, or younger with high risk factors, every 5 years)	{select appropriate for screening:25876}

#### Vaccinations

Flu (All ages, annually during fall months)	{select appropriate for screening:25876}
Td or Tdap (All ages, Td every 10 yrs, sub 1 Tdap for Td)	{select appropriate for screening:25876}
Pneumovax (65+, once)	{select appropriate for screening:25876}
Zoster (60+, once)	{select appropriate for screening:25876}

#### **Review of Systems**

Review of Systems - {ros master:310782}

#### **Personalized Health Advice**

During the course of the visit the patient was educated and counseled about appropriate screening and preventative services.

Patient instructions were provided to the patient in written or electronic format.

I have reviewed and verified the above information.