

Annual wellness visit 40 min

- Reason for Visit
- Patient Preferences
- Allergies
- Medications
- Vaccines
- Problems
- Gynecological History
- Obstetric History
- Past Pregnancies
- Family History
- Social History
- Surgical History
- Past Medical History
- Screening
- Quality Measures (4)
- History of Present Illness

Reason for Visit (+) REASON

Next

MAWV (Bell) (x)

Newly referred patient, patient being referred back or new patient (i)

NOTE

Appointment note      AWV (paperwork mailed)

Portal Status

Next

Not registered—received portal URL. 09/11/2023

Manage Portal Account

Pharmacies (+)

**CVS 17159 In Target** retail (x)  
1995 E Market St, Harrisonburg, VA 22801  
Ph. (540) 432-1825, Fax (540) 209-9727


Lab (+)


**Aurora Advocate Bay Area Central Scheduling** (x)  
3003 University Dr, Marinette, WI 54143  
Ph. (715) 735-4200, Fax (414) 643-6555

Imaging (+)

**Mymichigan Medical Center Sault Cancer Center** (x)  
500 Osborn Blvd, Sault Ste Marie, MI 49783  
Ph. (906) 635-4460, Fax (906) 253-2690

## Care Team

Role	Member
Primary Care Provider	<b>Chauntelle Leigh Taylor</b> 545 County RD Hq, Marquette, MI 49855, Ph. (906) 273--0072, Fax (906) 813-9069
Primary Care Provider	<b>Christie Ferrari DNP</b>  901 Lakeshore Dr, Ishpeming, MI 49849, Ph. (906) 485-2687, Fax (833) 654-0642

 NOTE

## Allergies

HISTORICAL (0)

[Next](#)

**erythromycin base**  
abdominal pain

NKDA

 NOTE

Reviewed

## Medications

HISTORICAL (1)

[Next](#)

Arrange by: Name ▼

**atorvastatin 10 mg tablet**

TAKE 1 Tablet BY MOUTH DAILY ON MONDAY, WEDNESDAY, and FRIDAY

**latanoprost 0.005 % eye drops**

**loratadine 10 mg tablet**

Take 1 tablet every day by oral route as needed.

**Vitamin B12**

This medication cannot be associated with an active order type and can no longer be accelerated  
3 times per week

**Vitamin D3 50 mcg (2,000 unit) capsule**

Take 1 capsule by oral route.

 NOTE

Reviewed

## Administered

**COVID-19**

COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna) 06-14-2022

COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna) 10-30-2021

COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna) 03-06-2021

COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna) 02-06-2021

**Influenza****Fluad Quad 2022-23(65y up)(PF)**

Influenza vaccine, quadrivalent, adjuvanted 10-11-2022

influenza, high-dose, quadrivalent 10-19-2021

influenza, high-dose, quadrivalent 10-13-2020

influenza, high dose seasonal 09-30-2019

influenza, high dose seasonal 10-01-2018

influenza, seasonal, injectable 10-11-2017

influenza, seasonal, injectable 10-01-2016


influenza, injectable, quadrivalent 10-05-2015

influenza, high dose seasonal 10-06-2014


influenza, seasonal, injectable 11-19-2012

**Pneumococcal**

pneumococcal polysaccharide PPV23 11-19-2012

**Chronic** 0 problems 

No chronic problems documented.

**Acute** 0 problems 

No acute problems documented.

**Not Categorized** 3 problems 

**heartburn**

R12 Heartburn

**history of osteoporosis**

Z87.39 Personal history of other diseases of the musculoskeletal system and connective tissue

**hypercholesterolemia**

E78.00 Pure hypercholesterolemia, unspecified






















 scrambled notes

Last modified by ncouveau | 08-17-2021, 04:02 PM


Reviewed

## Gynecological History

Next

Abnormal Pap	<input type="checkbox"/> Yes <input type="checkbox"/> No	 NOTE
Age at first child	<input type="text"/>	 NOTE
Current birth control method	<input type="text"/>	 NOTE
Date of last mammogram	<input type="text" value="01-14-2021"/> 	 NOTE
Date of last Pap smear	<input type="text"/> 	 NOTE
Date of LMP	<input type="text"/> 	 NOTE
Desired birth control method	<input type="text"/>	 NOTE
Duration of flow (days)	<input type="text"/>	 NOTE
Flow	<input type="text"/>	 NOTE
Hormone replacement therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	 NOTE
If post menopausal, age at menopause	<input type="text"/>	 NOTE
Most recent bone density	<input type="text" value="11-30-2022"/> 	 NOTE
Sexually active	<input type="checkbox"/> Yes <input type="checkbox"/> No	 NOTE
STIs/STDs	<input type="checkbox"/> Yes <input type="checkbox"/> No	 NOTE
Age at menarche	<input type="text"/>	 NOTE
Date of last colonoscopy	<input type="text"/> 	 NOTE

Last modified by pbailon | 03-07-2023, 04:33

 NOTE

## Obstetric History

Next

Total

Full term

Premature


Abortions induced

Abortions spontaneous

Ectopics

Multiple births

Living

 NOTE

Reviewed

## Past Pregnancies

Next

None recorded

 NOTE

## Family History

Next


### **mother deceased**

Mother, scrambled notes

### **father deceased**

Father, scrambled notes

Unknown

 NOTE

Reviewed

### Education and Occupation

What is the highest grade or level of school you have completed or the highest degree you have received?

Note

Are you currently employed?

scrambled notes

### Marriage and Sexuality

What is your relationship status?

scrambled notes

How many children do you have?

Note

### Substance Use

Do you have chronic pain?

Note

If yes, location of pain

Note

In the past 7 days, how would you rate your pain?

Note

Do you take Opioids for your pain?

Note

- Education and Occupation 
- Marriage and Sexuality 
- Substance Use 
- Home and Environment 
- Lifestyle 
- Diet and Exercise 
- Activities of Daily Living 
- Advance Directive 
- Lifepoint AWW 
- PCMH 

# Social History +

Show other specialty questions

Next

Are you in a pain management program?

Note

Do you or have you ever smoked tobacco?

Note

When did you quit smoking?

Note

At what age did you start smoking tobacco?

Note

How many years have you smoked tobacco?

Note

What is your current pack years?

Note

Do you or have you ever used any other forms of tobacco or nicotine?

Note

What was the date of your most recent tobacco screening?

Note

What is your level of alcohol consumption?

Note

Do you use any illicit or recreational drugs?

Note

What is your level of caffeine consumption?

scrambled notes

- Education and Occupation
- Marriage and Sexuality
- Substance Use
- Home and Environment
- Lifestyle
- Diet and Exercise
- Activities of Daily Living
- Advance Directive
- Lifepoint AWV
- PCMH



Home and Environment

Have there been any changes to your family or social situation?	<input type="button" value="Yes"/> <input type="button" value="No"/>	Note
What type of child care do you use?	<input type="text" value="- Select -"/>	Note
Do you have any pets?	<input type="button" value="Yes"/> <input type="button" value="No"/>	Note
Do you have smoke and carbon monoxide detectors in your home?	<input checked="" type="button" value="Yes"/> <input type="button" value="No"/>	Note
Are you passively exposed to smoke?	<input type="button" value="Yes"/> <input type="button" value="No"/>	Note
What is the fluoride status of your home?	<input type="text" value="- Select -"/>	Note

- Education and Occupation
- Marriage and Sexuality
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Lifestyle

In general, would you say your health is

Note

Do you live alone?

Note

Do you feel safe at home?

Note

Does your home have any fall risks (un-level floors, unfastened rugs, poor lighting, etc)?

Note

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

Note

In the past 7 days, how often have you felt sleepy during the daytime?

Note

Do you snore or has anyone told you that you snore?

Note

How often do you get the social and emotional support you need:

Note

How often is stress a problem for you in handling such things as: Your Health, Your Finances, Your Family and Social Relationships, Your Work?

Note

- Education and Occupation ●
- Marriage and Sexuality ●
- Substance Use ●
- Home and Environment ●
- Lifestyle ●
- Diet and Exercise ●
- Activities of Daily Living ●
- Advance Directive ●
- Lifepoint AWW ●
- PCMH ●

Do you feel stressed (tense, restless, nervous, or anxious, or unable to sleep at night)?

Note

Do you use your seat belt or car seat routinely?

Note

**Diet and Exercise**

What type of diet are you following?

What is your exercise level?

Note

How many days of moderate to strenuous exercise, like a brisk walk, did you do in the last 7 days?

Note

What types of sporting activities do you participate in?

Note

- Education and Occupation ●
- Marriage and Sexuality ●
- Substance Use ●
- Home and Environment ●
- Lifestyle ●
- Diet and Exercise ●
- Activities of Daily Living ●
- Advance Directive ●
- Lifepoint AWW ●
- PCMH ●

Activities of Daily Living

Are you able to care for yourself?	<input type="button" value="Yes"/> <input type="button" value="No"/>	Note
Are you blind or do you have difficulty seeing?	<input type="button" value="Yes"/> <input type="button" value="No"/>	Note
Are you deaf or do you have serious difficulty hearing?	<input type="button" value="Yes"/> <input type="button" value="No"/>	Note
Do you have difficulty concentrating, remembering or making decisions?	<input type="button" value="Yes"/> <input type="button" value="No"/>	Note
Do you have difficulty walking or climbing stairs?	<input type="button" value="Yes"/> <input type="button" value="No"/>	Note
Do you have difficulty dressing or bathing?	<input type="button" value="Yes"/> <input type="button" value="No"/>	Note
Do you have difficulty doing errands alone?	<input type="button" value="Yes"/> <input type="button" value="No"/>	Note
Are you able to walk?	<input type="text" value="- Select -"/> <span>▼</span>	Note
Do you have transportation difficulties?	<input type="button" value="Yes"/> <input type="button" value="No"/>	Note

- Education and Occupation ●
- Marriage and Sexuality ●
- Substance Use ●
- Home and Environment ●
- Lifestyle ●
- Diet and Exercise ●
- Activities of Daily Living ●
- Advance Directive ●
- Lifepoint AWW ●
- PCMH ●

Advance Directive

Do you have an advance directive?	<input type="button" value="Yes"/> <input type="button" value="No"/>	<input type="text" value="scrambled notes"/>
Do you have a medical power of attorney?	<input type="button" value="Yes"/> <input type="button" value="No"/>	Note
Is blood transfusion acceptable in an emergency?	<input type="button" value="Yes"/> <input type="button" value="No"/>	Note

- Education and Occupation ●
- Marriage and Sexuality ●
- Substance Use ●
- Home and Environment ●
- Lifestyle ●
- Diet and Exercise ●
- Activities of Daily Living ●

**Lifepoint AWW**

How would you describe the condition of your mouth and teeth—including false teeth or dentures?

Note

In the past 7 days, how many servings of fried or high-fat foods did you typically eat each day? (Examples include fried chicken, fried fish, bacon, French fries, potato chips, corn chips, doughnuts, creamy salad dressings, and foods made with whole milk, cream, cheese, or mayonnaise.)

Note

In the past 7 days, how many servings of fruits and vegetables did you typically eat each day? (1 serving = 1 cup of fresh vegetables, ½ cup of cooked vegetables, or 1 medium piece of fruit. 1 cup = size of a baseball.)

Note

In the past 7 days, how many servings of high fiber or whole grain foods did you typically eat each day? (1 serving = 1 slice of 100% whole wheat bread, 1 cup of whole-grain or high-fiber ready-to-eat cereal, ½ cup of cooked cereal such as oatmeal, or ½ cup of cooked brown rice or whole wheat pasta.)

Note

- Education and Occupation ●
- Marriage and Sexuality ●
- Substance Use ●
- Home and Environment ●
- Lifestyle ●
- Diet and Exercise ●
- Activities of Daily Living ●
- Advance Directive ●
- Lifepoint AWW ●
- PCMH ●

## Social History +

Show other specialty questions

Next

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

Note

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?

Note

### PCMH

Community Resource Need?

Note

Outside Encounters?

Note

PCMH Conversation

Note

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PCMH

- Education and Occupation
- Marriage and Sexuality
- Substance Use
- Home and Environment
- Lifestyle
- Diet and Exercise
- Activities of Daily Living
- Advance Directive
- Lifepoint AWV
- PCMH

Reviewed

### Gender Identity and LGBTQ Identity

Gender identity

Assigned sex at birth

Pronouns

First name used

Sexual orientation

## Surgical History +

Next

Bilateral tubal ligation (287664005)



scrambled notes

NOTE

Reviewed

Past Medical History  No to all

Next

ADD/ADHD  Yes  No

NOTE

Hernia  Yes  No

NOTE

Abdominal Pain  Yes  No

NOTE

High Cholesterol  Yes  No

NOTE

Abuse/Domestic Violence  Yes  No

NOTE

History of STI  Yes  No

NOTE

Acne  Yes  No

NOTE

History of abnormal pap  Yes  No

NOTE

Allergies (Food, seasonal, environmental)  Yes  No

NOTE

Hospital Admission Other Than Birth  Yes  No

NOTE

Allergies/Hayfever  Yes  No

NOTE

Hyperlipidemia  Yes  No

NOTE

Anemia  Yes  No

NOTE

Hyperparathyroidism  Yes  No

NOTE

Aneurysm  Yes  No

NOTE

Hypertension  Yes  No

NOTE

Anxiety  Yes  No

NOTE

Hyperthyroidism  Yes  No

NOTE

Screening

Next

PHQ-2/PHQ-9 x Morse Fall Scale x Opioid Risk x Mini-Cog x

∨ PHQ-2/PHQ-9

∨ Morse Fall Scale

∨ Opioid Risk

∨ Mini-Cog

Needs Attention + GUIDELINES

OTHER MEASURES (1)

Next

View by cferrari4 ▼

COVID-19 Vaccination: General Population - 65+ years

Past due

Counseling medication adherence for patients on a statin

Past due

Influenza Immunization (Aug - Mar) e

Needs data

Medicare annual wellness visit

Past due

History of Present Illness +

Next

ROS as noted in the HPI

Review of Systems +

Next

ROS as noted in the HPI

Procedure Documentation +

Next

None recorded



During today's Medicare Annual Wellness Visit, the patient & I discussed/reviewed the following information:

1. Review of their medical, medication and family health history.
2. Review of their vitals, including, height, weight, blood pressure and BMI.
3. Review of their current providers & medical suppliers.
4. Discussed functional ability, home safety and screening for depression.
5. Discussed assessment of cognitive function and reviewed family or friend's comments about memory.
6. Discussed risk factors & conditions for which referrals/intervention are recommended.

A written preventive screening and services plan for the patients' next 5-10 years were reviewed, given to patient, and scanned into chart.

All recommendations have been discussed thoroughly with the patient.

Next Medicare Annual Wellness Visit will be due in 1 year.

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Orders and Results + DIAGNOSES & ORDERS

Sign Orders (2)

Supervising Provider

**adult health examination**

Z00.00 Encounter for general adult medical examination without abnormal findings

well visit, over 65: care instructions

advance directives: care instructions

Patient-Supplied Results +

None recorded

Outstanding Orders

No outstanding orders

Follow Up + RETURN TO OFFICE

Patient will return to the office as needed.

## Discussion Notes

### Health Maintenance Recommendations: (5-10 year screening/prevention plan) PERSONALIZED HEALTH PLAN (COPY PROVIDED TO PATIENT)

#### 1) Vaccines:

(a) Pneumococcal - Last Service:  (PPV23) (PPV15) (PCV13) (PCV20)

Plan:

(b) Influenza vaccine - Last Service:

Plan:

(c) TDAP or Td - Last Service:

Plan:

(d) Shingrix - Last Service:

Plan:

(e) Covid - Last Service:

Plan:

#### 2) Colorectal Cancer Screening:

Last service:  Finding:

Recommendation:

### 3) Bone Mass Measurements:

Last Service:

Recommendation:

Many older people benefit from taking calcium and vitamin D supplements. Talk to your doctor about supplements.

### 4) Glaucoma screening

Last service:

Plan:

### 5) Cardiovascular Disease Screening Tests (Lipid Panel):

Last service:

Plan:

Cholesterol, serum, total: HDL: Triglycerides: LDL:

**6) Lung Screening & Counseling w/low dose CT**

Last service:

Recommendation:

Plan:

**7) Pre-diabetes screening:**

Recommendation:

Last service:

Finding:

Plan:

**8) Diabetes self-management training (diagnosed with diabetes)**

Last service:

Recommendation:

Plan:

FEMALE ONLY

**9) Breast cancer screening**

Last service:

Recommendation:

Plan:

FEMALE ONLY

**10) Screening Pap Tests**

Last service:

Recommendation:

Plan:

FEMALE ONLY

**11) Screening Pelvic Exam (include clinical breast exam**

Last service:

Recommendation:

Plan:

**12) Medical Nutritional therapy**

Diet recommendations may include:

- Lots of vegetables and fruits
- Fewer simple carbohydrates, fats and cholesterol
- A moderate amount of protein and dairy

Avoid: Artificial sweeteners, Soda, & Processed food.

**13) Exercise counseling**

You should do 30 minutes of aerobic exercise for at least 5 days per week.

Regular exercise can help:

- Lower heart disease risk
- Delay the onset of diabetes
- Improve blood pressure, functional status and performance
- Reduce the risk of falls and osteoporosis
- Enhance mental health and cognitive function

**14) Abdominal Aortic Aneurysm screening:**

## 16) Hepatitis C Screening

Last service:

Recommendation:

Plan:

## 17) Advance Directive discussed with patient. Patient verbalizes understanding and questions answered

Plan:

This exam was performed under the supervision of:

Further consultation:

All recommendations have been discussed thoroughly with the patient.

Next Medicare Annual Wellness Visit will be due in 1 year.

### adult health examination

200.00 Encounter for general adult medical examination without abnormal findings

well visit, over 65: care instructions

advance directives: care instructions

### Patient Goals

Add note

### Patient Instructions

Add note

### Discussion Notes

Health Maintenance Recommendations: (5-10 year screening/prevention plan)