

Medicare Annual Wellness Visit

Name:

DOB:

Date of Service:

Health History

Allergies: PCN Cipro Bactrim

Medications: See attached

Problem List: See attached

Surgical History:

<input type="checkbox"/> Appendectomy	<input type="checkbox"/> CABG	<input type="checkbox"/> Hip Joint Replacement
<input type="checkbox"/> Cholecystectomy	<input type="checkbox"/> PCI with Stent	<input type="checkbox"/> Knee Joint Replacement
<input type="checkbox"/> Hernia Repair	<input type="checkbox"/> Heart Valve Surgery	<input type="checkbox"/> ORIF
<input type="checkbox"/> Prostatectomy	<input type="checkbox"/> Carotid Endarterectomy	
<input type="checkbox"/> Hysterectomy	<input type="checkbox"/> Mastectomy	
<input type="checkbox"/> Back Surgeries	<input type="checkbox"/> Tonsillectomy	
<input type="checkbox"/> Neck surgeries	<input type="checkbox"/> Cataract	

Social History: Resident in LTC Facility

Code Status: Full Code DNR Hospice

Family History:

Relationship	Medical Conditions
Mother	<input type="checkbox"/> Deceased
Father	<input type="checkbox"/> Deceased

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Providers involved in Care:

Specialty	Name
Psychiatry	
Podiatry	
Orthopedics	

DME:

<input type="checkbox"/> Eyeglasses	<input type="checkbox"/> Cane	
<input type="checkbox"/> Contacts	<input type="checkbox"/> Wheelchair	
<input type="checkbox"/> Hearing aids		
<input type="checkbox"/> Walker		

Exam

Vitals:

BP:

HR:

RR:

Weight:

Height:

BMI:

R Ear Hearing	
L Ear Hearing	
R Eye Visual Acuity	
L Eye Visual Acuity	

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Assessment and Plan:

BMI

- Normal Overweight Obese Morbidly Obese Malnourished
 Nutritionist involved in care

Vaccinations:

- Pneumonia: Up to date Ordered
Influenza: Up to date Ordered

HRA:

- Unable to collect information due to dementia Normal Concerns Addressed

Depression Screening:

- Unable to collect information due to dementia Pt has depression & on Rx
 Psych Following

ADL/IADL:

- Unable to collect information due to dementia Pt lives in LTC facility

Hearing Screening:

- Unable to collect information due to dementia Pt has hearing loss

Incontinence Screening:

- Unable to collect information due to dementia Pt has incontinence

Fall Risk:

- Unable to collect information due to dementia Pt is high fall risk

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Mental Status Exam:

Unable to collect information due to dementia Abnormal Normal

Home Safety Evaluation:

Lives in LTC

Colorectal Cancer Screening:

N/A due to age N/A due to comorbidities Pt/Family refused Ordered

Breast Cancer Screening:

N/A due to age N/A due to comorbidities Pt/Family refused Ordered

Osteoporosis Screening:

N/A due to age N/A due to comorbidities Pt/Family refused Ordered

Other Risk Assessments:

Signature:

Date: