

Medicare Subsequent Annual Wellness Visit (A WV) Encounter Form

Name: _____ Medical Record # _____ Date: _____

Date of Birth: _____ Sex: _____

Medical/Social History* - Please note any changes in sections 1, 2 and 3 below. Complete sections 4, 5, and 6 in full.

1. Recent illness/injury/surgery*	Date	Hospitalized?

2. Family History: _____

3. Medications, supplements and vitamins*: _____

4. Social History*: *Please list any special diet and specific level of exercise:* _____

5. Medication Allergies*: _____

Tobacco Use: Never Used _____

Alcohol Use: _____

Illicit Drug Use: _____

6. List all medical providers and specialty: _____

Advance Directives:

YES NO Have you established a living will, medical power of attorney, and legal power of attorney?

YES NO In the last month have you been free of bodily pain?

YES NO Do you exercise for 20 minutes 3 or more days each week?

YES NO Do you take medications as you have been told to take them?

YES NO Are you a non-smoker? I am trying to quit.

YES NO Are you confident that you can manage most of your health problems?

YES NO In the last month how often have you been bothered by the following?

Never	Rarely	Often	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fall or dizzy when standing up
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trouble eating or with teeth/dentures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Problems using the telephone
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tiredness or fatigue

Good Fair Poor
 In the last month how would you rate your overall health?

Depression Screen:

YES NO In the last month have you been bothered by emotional problems (sadness, anxiety, irritability)?

YES NO In the last month has your emotional health limited your social activities?

YES NO In the last month, have you needed or wanted help and no one was available? (if you got nervous, needed to talk, needed help with chores, etc.)

Functional Ability and Safety Screen

YES NO Do you need help with transportation to get to places beyond walking distance (bus, taxi, etc)?

YES NO Do you forget to wear your seatbelt in the car?

YES NO Do you need help to prepare your own meals or doing housework (chores)?

YES NO Do you need help bathing, dressing or getting around your home?

YES NO Do you need help to shop for groceries or clothes?

YES NO Do you need help handling your own money?

YES NO In the last year have you had more than one day where you drank more than 4 drinks (women) or 5 drinks (men) in a single day?

YES NO Does your home have loose rugs, poor lighting, or lack grab bars in the bathroom or on the stairs?

OFFICE USE ONLY BELOW

YES NO Was the patient's timed "Up and Go" test unsteady or longer than 30 seconds?

Physical Examination*: Height: _____ Weight: _____ Blood Pressure: _____ BMI _____

Other Tests (if indicated): _____

Updated Evaluations and Referrals - based on history, exam and screening*: _____

Provider Signature: _____ Date: _____

** Where marked, see Carrboro Family Medicine Center Electronic Medical Record for additional information regarding this patient.*



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Review of Systems

Name: _____ Medical Provider: _____

Date: _____ Chart # _____

Please list any changes in your family history _____

List any major changes in your health or procedures done _____

YES	NO	GENERAL:
_____	_____	Date of last Tetanus shot _____
_____	_____	List any known allergies _____
_____	_____	Do you smoke? How many packs per day? _____
_____	_____	Do you use other forms of tobacco or electronic cigarettes? Which ones? _____
_____	_____	If you use tobacco, are you ready to quit? _____
_____	_____	Do you drink alcohol? How many drinks? _____ per day, or _____ per week, of what? _____
_____	_____	Do you drink caffeine? How many drinks per day? _____ What beverage(s)? _____
_____	_____	Do you use illicit or recreational drugs? Which ones and how often? _____
_____	_____	Follow a low cholesterol diet? _____
_____	_____	Fever _____
_____	_____	Fatigue _____
_____	_____	Change in weight _____
_____	_____	Loss of appetite _____
_____	_____	Exercise: How many minutes each time, and how many days/week? (e.g., 40 mins 4 days/wk) _____
SKIN: (Comments to Be Completed By Provider)		
_____	_____	Skin problems _____
_____	_____	New skin lesions or unusual/changed moles Rash _____
HEAD, EYES, EARS, NOSE, THROAT:		
_____	_____	Nasal congestion _____
_____	_____	Runny nose _____
_____	_____	Chronic sore throat _____
_____	_____	Date of last dental exam _____
_____	_____	Date of last eye exam _____
_____	_____	Eye/Vision problems _____
_____	_____	Hearing difficulty _____
NECK:		
_____	_____	Swollen glands _____
RESPIRATORY:		
_____	_____	Shortness of breath _____
_____	_____	Wheezing _____
_____	_____	Chronic cough _____
BREAST:		
_____	_____	Monthly self breast exam _____
_____	_____	Breast mass _____
_____	_____	Breast pain _____
_____	_____	Nipple discharge _____
_____	_____	Skin changes _____
CARDIOVASCULAR:		
_____	_____	Chest pain or tightness _____
_____	_____	Edema or swollen ankles _____
_____	_____	Wake up suffocating _____
_____	_____	Palpitations or irregular heart rhythm _____

PLEASE CONTINUE TO THE NEXT PAGE OF THIS FORM.

YES NO GASTROINTESTINAL:

- ___ ___ Abdominal pain
- ___ ___ Frequent Heartburn
- ___ ___ Nausea or Vomiting
- ___ ___ Diarrhea
- ___ ___ Constipation
- ___ ___ Blood in stool or black stool
- ___ ___ Difficulty swallowing
- ___ ___ Date of last colonoscopy
- ___ ___ Hemorrhoids

(Comments to Be Completed By Provider)

FEMALE GENITOURINARY:

- ___ ___ Painful urination
- ___ ___ Pink/red urine
- ___ ___ Incontinence of urine
- ___ ___ Date of last bone density
- ___ ___ Date of last mammogram
- ___ ___ Date of last PAP
- ___ ___ History of abnormal PAP
- ___ ___ Sex painful or problems
- ___ ___ Menstrual problems/irregularity
- ___ ___ Form of contraception
- ___ ___ Vaginal discharge
- ___ ___ Worried about sexual diseases
- ___ ___ Date of last menstrual period

MALE GENITOURINARY:

- | | YES | NO |
|-------------------------------|------------|-----------|
| Urination problems or painful | ___ | ___ |
| Pink/red urine | ___ | ___ |
| # urinations at night | ___ | ___ |
| Sexual problems | ___ | ___ |
| Testicular pain/nodules | ___ | ___ |
| Monthly testicular exam | ___ | ___ |
| Penile discharge | ___ | ___ |
| Worried about sexual diseases | ___ | ___ |
| Birth control method | ___ | ___ |

MUSCULOSKELETAL:

- ___ ___ Back pain
- ___ ___ Joint pain
- ___ ___ Joint swelling Muscle pain Neck pain

NEUROLOGICAL:

- ___ ___ Numbness or tingling
- ___ ___ Weakness in extremities
- ___ ___ Dizziness or fainting
- ___ ___ Frequent or severe headaches

PSYCHIATRIC:

- ___ ___ Anxiety or Nervousness
- ___ ___ Depression
- ___ ___ Insomnia or change in sleep Irritability

ENDOCRINE:

- ___ ___ Cold intolerance
- ___ ___ Hair loss or changes
- ___ ___ Heat intolerance
- ___ ___ Hot flashes
- ___ ___ Decreased libido

HEMATOLOGY:

- ___ ___ Enlarged lymph nodes

Current Medications, Herbs or Supplements: _____

Seeing any Specialists (indicate name and reason): _____



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Annual Wellness Visit

Manage Your Health – with Help

Many people visit their doctor only for an annual checkup or when they feel sick. If that's true for you, you're missing out on an important chance to partner with your doctor to learn how to live a healthier, happier life. It's called an "Annual Wellness Visit," and if you're a Medicare member, it's available at no extra cost to you.



A Wellness Visit Isn't a Checkup

While both are very important, a checkup and a wellness visit aren't the same. When you go for a checkup, also called an annual physical, your doctor looks for signs of major problems and does important routine tests.

A wellness visit is different. It's more like a planning session where you and your doctor can spend time talking about your health and your life.

The goal is to create a plan just for you - to help you avoid or reduce the effects of conditions like diabetes, heart disease, and obesity. It may also help you avoid dangerous falls and visits to the emergency room.

For information on what you and your doctor should talk about at your Annual Wellness Visit, see the list on the back of this flier.

For good health, it's very important that you have both a checkup and a wellness visit each year.

Active Outlook

The Annual Wellness Visit is a Fairly New Benefit

Your doctor may not even be aware of it yet. Help him or her by taking this flier with you when you go. The note on the back side has important information that your doctor needs to know. Be sure to point it out.

Can I Get an Annual Wellness Visit?

When you first join Medicare, you get a "welcome visit," which is also your first wellness visit. After that, you can have one wellness visit per calendar year. There's no cost to you for these visits.

It's a good idea to schedule your wellness visit early in the year so you can get started right away on the plan you and your doctor create.

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Help Your Doctor Help You

Annual Wellness Visit Checklist:

- ✓ Assess brain health, memory, and depression
- ✓ Assess overall physical, joint, and emotional health
- ✓ Blood pressure check
- ✓ Body mass index (BMI) calculation
- ✓ Keep track of your doctors
- ✓ Keep track of your medicines
- ✓ Manage chronic conditions like diabetes, breathing problems, or heart conditions Plan for screenings and shots
- ✓ Review your medical history

Get the most out of your visit by bringing these items:

- 1 Medical records, including screenings and shots you've had in the past year
- 2 Family health history
- 3 List of all medicines and supplements you take
- 4 List of all doctors and pharmacists you use

A health plan with a Medicare contract.

Medicare supplement plans are not connected with or endorsed by the U.S. government or the federal Medicare program. **The program(s) described is/are not insurance and is/are neither contractually offered nor guaranteed under Humana Medicare Supplement insurance policies.** Policy Form Series MES, MESM10, MESRD or state equivalent.



NOTE TO DOCTORS

In January 2011, the Centers for Medicare & Medicaid Services (CMS) mandated benefits to help lower healthcare costs, prevent catastrophic events, and help members stay as healthy as possible.

These benefits are the “**Annual Wellness Visit, Initial**” and “**Annual Wellness Visit, Subsequent**” (medical codes G0438 and G0439) If the individual is brand-new to Medicare, you can provide a “**Welcome to Medicare Visit**” (medical code G0402), which existed before 2011 and includes the same services.

The welcome or wellness visit can be performed during the regular annual physical or as a separate appointment.

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