Medicare Initial Preventive Physical Examination (IPPE) Encounter Form 1

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	
❒	❒	❒	Fall or dizzy when standing up
❒	❒	❒	Trouble eating or with teeth/dentures
❒	❒	❒	Problems using the telephone
❒	❒	❒	Tiredness or fatigue

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

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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 _____

Othe Tests (if indicated): _____

Updated Evaluations and Referraals - 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.***

Counseling and referral of other preventive services {written screening schedule)

Name:_____ Medical Record #_____

Service	Limitations	Recommendation	Scheduled
Vaccines •Pneumococcal •Influenza (once per Flu season) •Hepatitis B Virus (if medium or high risk)	No deductible/no co-pay •Medium/high-risk factors: •End-stage renal disease •Patients with hemophilia who received Factor Vlll or IX concentrates •Clients or staff of institutions for the developmentally disabled •Persons who live with a carrier of HBV •Homosexual men •Abusers of illicit injectable drugs		
Human Immunodeficiency Virus (HIV) Screening (for high risk individuals)			
Cardiovascular screening blood tests •Total cholesterol •High-density lipoproteins •Triglycerides	•May be done as a special screening for other and unspecified cardiovascular conditions (V8 I .2). •Every 5 years if no signs or symptoms of coronary heart disease.		
Glaucoma screening (for high-risk individuals)	Risk Factors: •Diabetes mellitus •Family history of glaucoma •African Americans aged 50 and older and Hispanic-Americans aged 65 and older		
Colorectal Cancer Screening			
Mammogram			
Pap test and Pelvic Exam			
Bone mass measurements	Requires diagnosis related to osteoporosis or estrogen deficiency.		
Prostate cancer screening tests: •Digital rectal exam (DRE) •Prostate snecific antigen (PSA)	Exempt from Part B deductible.		
Diabetes Screening	Must have **one** of the following: •Hypertension •Dyslipidemia •Obesity (a BMI greater than or equal to 30 kg/m2) •Previous identification of an elevated impaired fasting glucose or glucose tolerance. **OR**, any **two** of the following: •Overweight (BMI 2:25, but <30kg/m2) •Family history of diabetes •Aged 65 or older •History of gestational diabetes or having given birth to a babv greater than 9 pounds		
Diabetes self-management training (DSMT)	Requires referral by treating physician for patients with diabetes or renal disease.		
Medical nutrition therapy (MNT) for diabetes or renal disease	Requires referral by treating physician for patient with diabetes or renal disease		
Smoking and tobacco-use cessation counseling			
Abdominal aortic aneurysm (AAA) screening •Sonogram	Patient must be referred through IPPE and cannot have had a screening for AAA previously covered by Medi-care. Limited to patients who meet one of the following criteria: •Men who are 65-75 years old and have smoked more than 100 cigarettes in their lifetime •Anyone with a family history of AAA •Anyone recommended for screening by the U.S. Preventative Services Task Force		

Provider's Signature:_____ Date: _____

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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 man minutes each time, and how man da s/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:	(Comments to Be Completed By Provider)
___	___	Abdominal pain	
___	___	Frequent Heartburn	
___	___	Nausea or Vomiting	
___	___	Diarrhea	
___	___	Constipation	
___	___	Blood in stool or black stool	
___	___	Difficulty swallowing	
_____		Date of last colonoscopy	
___	___	Hemorrhoids	

		FEMALE GENITOURINARY:	MALE GENITOURINARY:	YES	NO
___	___	Painful urination	Urination problems or painful	____	____
___	___	Pink/red urine	Pink/red urine	____	____
___	___	Incontinence of urine	# urinations at night	____	____
_____		Date of last bone density	Sexual problems	____	____
_____		Date of last mammogram	Testicular pain/nodules	____	____
___	___	Date of last PAP	Monthly testicular exam	____	____
___	___	History of abnormal PAP	Penile discharge	____	____
___	___	Sex painful or problems	Worried about sexual diseases	____	____
___	___	Menstrual problems/irregularity	Birth control method	_____	
_____		Form of contraception			
___	___	Vaginal discharge			
___	___	Worried about sexual diseases			
_____		Date of last menstrual period			

		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

Active Outloook

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.

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

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.

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.

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