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Beginning January 1, 2011, Medicare covers an "Annual Wellness Visit" in addition to the one-time "Welcome to Medicare" exam. The "Welcome to Medicare" exam occurs only once during your first twelve months as a Medicare patient. You may receive your Annual Wellness Visit after you have been with Medicare for more than one year, or it has been at least one year since your "Welcome to Medicare" exam.

Initial Preventative Physical Exam (IPPE)	"Welcome to Medicare" is only for <i>new</i> Medicare patients. This must be <b>done in the 1<sup>st</sup> year</b> as a Medicare patient.
Annual Wellness Visit, Initial	At least 1 year after the "Welcome to Medicare" exam.
Annual Wellness Visit, Subsequent	Once a year (more than 1 year and 1 day after the last Wellness Visit).

The Annual Wellness Visit is not the same thing as what many people often refer to as their yearly physical exam. Medicare is very specific about what the "Annual Wellness Visit" includes and excludes.

At the Annual Wellness Visit, your provider will talk to you about your medical history, review your risk factors, and make a personalized prevention plan to keep you healthy. The visit **does not** include a hands-on exam or any testing that your doctor may recommend, nor does it include any discussion about new or current medical problems, conditions, or medications. You may schedule another visit to address those issues or your doctor may charge the usual Medicare fees for such services that are beyond the scope of the Annual Wellness Visit.

If you would like to schedule an annual physical, including any lab work or other diagnostic testing, medication management, vaccinations, and other services, please understand that these services will be charged and covered according to Medicare's usual coverage guidelines. However you may still develop a care plan based on the Annual Wellness Visit criteria.

We appreciate the trust you put in us to take care of your health care needs and hope that you will take advantage of this new benefit to work with your physician in creating your personalized prevention plan.

\*\*\*Attached you will find three forms. Please complete the first two forms prior to your upcoming appointment. The third form is for your provider to complete. Thank you and we look forward to serving you.\*\*\*

**MEDICARE WELLNESS VISIT PATIENT HEALTH RISK ASSESSMENT QUESTIONNAIRE (Pg 1)**

**Name of Patient:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Do you have any health concerns or NEW complaints you would like to address today?** Yes \_\_\_ No \_\_\_

**Past Medical/Surgical History: (List illnesses, injuries, operations, hospitalizations, date and hospital)**

**Please list your current healthcare providers involved in your care and condition treated: (Specialists, Therapists, VNA, etc)**

**Are there any preventative tests you have done recently? (Lab tests, Mammograms, X-rays, etc.)**

**Have you had any recent immunizations?** Yes \_\_\_ No \_\_\_

**Do you have a Health Care Proxy?** Yes \_\_\_ No \_\_\_

**General Health and Social/Emotional Support:**

In general, would you say your health is: Excellent \_\_\_ Very Good \_\_\_ Good \_\_\_ Fair \_\_\_ Poor \_\_\_

Does handling such things as your health, finances, family, social relationships or work cause you stress? Yes \_\_\_ No \_\_\_

Do you get the social and emotional support you need? Yes \_\_\_ No \_\_\_

Do you snore or has anyone told you that you snore? Yes \_\_\_ No \_\_\_

Do you always fasten your seatbelt when you are in a car? Yes \_\_\_ No \_\_\_

**Hearing Loss Screen:**

Do you have trouble hearing the television or radio when others do not? Yes \_\_\_ No \_\_\_

Do you have to strain or struggle to hear/understand conversations? Yes \_\_\_ No \_\_\_

**Function Screen:**

Do you live alone? Yes \_\_\_ No \_\_\_

Do you need help to shop? Yes \_\_\_ No \_\_\_

Do you need help to do light housework? Yes \_\_\_ No \_\_\_

Do you need help to walk across a room? Yes \_\_\_ No \_\_\_

Do you need help to take a bath/shower? Yes \_\_\_ No \_\_\_

Do you need help to manage the household finances? Yes \_\_\_ No \_\_\_

Do you need help to take your medications? Yes \_\_\_ No \_\_\_

Do you feel you have trouble with memory? \*\*\* Yes \_\_\_ No \_\_\_

**Home Safety Screen:**

Does your home have throw rugs, poor lighting, or a slippery bathtub/shower? Yes \_\_\_ No \_\_\_

Does your home have grab bars in the bathroom, handrails on the steps or stairs? Yes \_\_\_ No \_\_\_

Does your home have functioning smoke alarms? Yes \_\_\_ No \_\_\_

**MEDICARE WELLNESS VISIT PATIENT HEALTH RISK ASSESSMENT QUESTIONNAIRE (Pg 2)**

**Name of Patient:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Today's Date:** \_\_\_\_\_

**Fall Risk Assessment:**

Do you use assistive devices at home? Yes\_\_ No \_\_

**Advanced Care Planning:**

Does the patient consent to discuss end-of-life issues with healthcare provider? Yes\_\_ No \_\_

Has the patient already executed an advanced directive? Yes\_\_ No \_\_

**Social History**

Do you use tobacco? Yes\_\_ No \_\_

Date you began smoking? \_\_\_\_\_

Have you smoked 100 cigarettes in your lifetime? Yes\_\_ No \_\_

If you are a former smoker, date you stopped smoking? \_\_\_\_\_

**Sexual History: (optional)**

Have you had sex in the past 12 months? Yes \_\_ No \_\_

Have you had multiple partners? Yes \_\_ No \_\_

Have you used protection? Yes \_\_ No \_\_

Have you ever had an STD? Yes \_\_ No \_\_

**Alcohol Use:**

Did you have a drink containing alcohol in the past year? Yes \_\_ No \_\_

If yes, how often did you have a drink containing alcohol in the past year? Answer: \_\_\_\_\_

If yes, how many drinks did you have on a typical day when you were drinking in the past year? \_\_\_\_\_

If yes, how often did you have six or more drinks on one occasion in past year? \_\_\_\_\_

**Depression Screen:**

**Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use x to indicate your answer): 0 = Not at all 1=Several Days 2=More than half the days 3=Nearly every day**

Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Trouble falling or staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself or that you are a failure or have let yourself or your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
Moving or speaking so slowly that other people could have noticed. Or the opposite? being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

**Form Completed by:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Relationship**

## MEDICARE PREVENTATIVE SERVICES CHECKLIST

Talk with your doctor or other health care provider about which of these services are right for you. As part of your yearly “Wellness” visit, you may be asked to fill out a Health Risk Assessment to help you figure out what to work on to stay healthy. To learn more, visit [www.medicare.gov](http://www.medicare.gov).

Medicare-Covered Preventative Service	I need (Yes/No)	Date Last Received	Next Date Medicare Covers This Service
“Welcome to Medicare”: Preventative Visit (one-time) within first 12 months you have Medicare Part B			
Yearly “Wellness” Visit – 12 months after “Welcome to Medicare” visit or Part B effective date			
Abdominal Aortic Aneurysm Screening			
Bone Mass Measurement (Bone Density Test)			
Breast Cancer Screening (mammogram)			
Cardiovascular Screenings (cholesterol, lipids, triglycerides)			
Cervical and Vaginal Screenings			
Colorectal Cancer Screening			
Diabetes Screening			
Diabetes Self-Management Training			
Flu Shot			
Glaucoma Test			
Hepatitis B Shot			
HIV Screening			
Medication Nutrition Therapy Services			
Pneumococcal Shot			
Prostate Cancer			
Shingles Vaccine			
Tetanus Vaccine			
Tobacco Use Cessation Counseling			

For some services, you will need to wait a certain amount of time before getting the service again.  
See page 27 of the Your Guide to Medicare’s Preventative Services for more information