

Medicare Wellness Questionnaire

Please Complete this form before your visit with Dr Kent. Your responses will help you receive the best possible healthcare. **Date of Visit:** _____

Name: _____	
DOB: _____	Gender: M / F
Age: <input type="checkbox"/> 65-69 <input type="checkbox"/> 70-79 <input type="checkbox"/> 80 or older.	
Address: _____ _____	
Phone: _____	

During the past four weeks, how much have you been bothered by emotional problems such as feeling anxious, depressed, irritable, sad, or downhearted and blue?

- Not at all. Slightly. Moderately.
 Quite a bit Extremely.

During the past four weeks, has your physical and emotional health limited your social activities with family friends, neighbors, or groups?

- Not at all. Slightly. Moderately.
 Quite a bit Extremely.

During the past four weeks, how much bodily pain have you generally had?

- No pain Very mild pain Mild pain.
 Moderate pain Severe pain

During the past four weeks, was someone available to help you if you needed and wanted help?

(For example, if you felt very nervous, lonely, or blue; got sick and had to stay in bed; needed someone to talk to; needed help with daily chores; or needed help just taking care of yourself.)

- Yes, as much as I wanted. Yes, quite a bit.
 Yes, some Yes, a little No, not at all.

During the past four weeks, what was the hardest physical activity you could do for at least two minutes?

- Very heavy Heavy. Moderate.
 Light. Very light.

Can you get to places out of walking distance without help? (For example, can you travel alone on buses or taxis, or drive your own car?)

- Yes. No

Can you go shopping for groceries or clothes without someone's help?

- Yes. No

Can you prepare your own meals?

- Yes. No

Can you do your housework without help?

- Yes. No

Because of any health problems, do you need the help of another person with your personal care needs such as eating, bathing, dressing, or getting around the house?

- Yes No

Can you handle your own money without help?

- Yes No

During the past four weeks, how would you rate your health in general?

- Excellent Very good Good
 Fair Poor

How have things been going for you during the past four weeks?

- Very well; could hardly be better.
 Pretty well.
 Good and bad parts about equal.
 Pretty bad.
 Very bad; could hardly be worse.

Are you having difficulties driving your car?

- Yes, often. Yes, sometimes. No
 Not applicable, I do not use a car.

Do you always fasten your seat belt when you are in a car?

- Yes, usually. Yes, sometimes No

Have you fallen *two or more times* in the past year?

- Yes No

Are you afraid of falling?

- Yes No

How often during the past four weeks have you been bothered by any of the following problems?

Problem	Never	Seldom	Sometimes	Often
Falling or dizzy when standing up				
Sexual problems				
Trouble eating well				
Teeth or denture problems				
Problems using the telephone				
Tiredness or fatigue				

Are you a smoker?

- No. Yes, and I might quit.
 Yes, but I'm not ready to quit.

During the past four weeks, how many drinks of wine, beer, or other alcoholic beverages did you have?

- 10 or more drinks per week.
 6-9 drinks per week.
 2-5 drinks per week.
 One drink or less per week.
 No alcohol at all.

Do you exercise for about 20 minutes three or more days a week?

- Yes, most of the time. Yes, some of the time.
 No, I usually do not exercise this much

Have you been given any information to help you with the following:

Hazards in your house that might hurt you?

- Yes No

Keeping track of your medications?

- Yes No

How often do you have trouble taking medicines the way you have been told to take them?

- I do not have to take medicine.
 I always take them as prescribed.
 Sometimes I take them as prescribed.
 I seldom take them as prescribed

How confident are you that you can control and manage most of your health problems?

- Very confident.
 Somewhat confident
 Not very confident
 I do not have any health problems.

Have any of your close relatives had any health changes?

- Yes No

List Changes: _____

List any recent preventive tests you have had done: (labs, X-rays, Mammograms, etc.)

List any recent Immunizations that you have had:

List the names of all your doctors:

Name	Specialty

 Patient Signature

 Date

Annual Wellness Visit

Beginning January 1, 2011, Medicare covers an **Annual Wellness Visit** in addition to the one-time **Welcome to Medicare** exam.

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.

The Annual Wellness Visit includes:

- A discussion of your medical history
- A review of your risk factors
- A personalized prevention plan to keep you healthy
- A limited physical exam to check your blood pressure, weight, vision, and other things dependent upon your age, gender, and activity level

The Annual Wellness Visit **DOES NOT** include:

- A complete physical examination
- Testing that your doctor may recommend (such as labs, mammograms, x-rays, etc)
- Discussion about any new or current medical problems or conditions
- Discussion of medications

You may choose to schedule another visit to address issues or tests not included by the Annual Wellness Visit **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.

I have reviewed the above guidelines and understand that should I choose to extend my visit beyond the services covered in the Annual Wellness Visit, I will be charged at the prevailing Medicare rate.

Patient Signature

Date

Patient Name (please print)

