

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Chart # \_\_\_\_\_  
 Last, First MI

## Medicare Well Patient Physical

<b>Type of Wellness Exam:</b>	<input type="checkbox"/> IPPE – Welcome to Medicare – Select G0402, G0403, G0404 or G0405 <i>(1 time during first 12 months on Medicare)</i>	<input type="checkbox"/> Initial AWW w/PPPS – G0348 <i>(1 time only after 1<sup>st</sup> 12 months of Medicare B eligibility AND 1 year after IPPE.)</i>	<input type="checkbox"/> Subsequent AWW w/PPPS – G0349 <i>(Annually at least 12 months after Initial AWW w/PPPS)</i>
Medicare Part B Eligibility Date:	Date of Last Exam:	Date of Last IPPE or AWW:	Sex: _____ Date: _____
Vital signs:	Ht: _____ Wt: _____	Waist" or BMI: _____ BP: _____	Temp: _____ Pulse Rate: _____ Blood Type: _____
Special Accommodations Needed:			

Reviewed patient-completed **individual and family history** with patient. Significant findings and/or changes were noted on patient's history form and include:

See continuation sheet? <input type="checkbox"/> Yes <input type="checkbox"/> No

Reviewed patient's **chronic and acute problem list and risk factors** with patient. Significant findings and/or changes were noted on patient's problem list and include:

See continuation sheet? <input type="checkbox"/> Yes <input type="checkbox"/> No

Reviewed patient-completed list of **providers and suppliers** regularly involved in patient's care was with patient. Significant findings and/or changes were noted on patient's provider and supplier list and include:

See continuation sheet? <input type="checkbox"/> Yes <input type="checkbox"/> No

Reviewed patient-completed list of **allergies** with patient. Significant findings and/or changes were noted on patient's allergy list and include:

See continuation sheet? <input type="checkbox"/> Yes <input type="checkbox"/> No





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**Schedule of Personalized Health Plan**  
*(Provide Copy to Patient)*

Service	Medicare Coverage Requirements	Date of Most Recent Service	Provider Recommendation	Date Scheduled
Vaccines <ul style="list-style-type: none"> <li>• Pneumococcal (once after 65)</li> <li>• Influenza (annually)</li> <li>• Hepatitis B (if medium/high risk)</li> </ul>	Medium/high risk factors: Endstage renal disease Hemophiliacs who received Factor VIII or IX concentrates Clients of institutions for the mentally retarded Persons who live in the same house as a HepB virus carrier Homosexual men Illicit injectable drug abusers			
Mammogram (biennial age 50-74)	Annually (age 40 or over)			
Pap and pelvic exams (up to age 70 and after 70 if unknown history or abnormal study last 10 years)	Every 24 months except high risk			
Prostate cancer screening (annually to age 75) Digital rectal exam (DRE) Prostate specific antigen	Annually (age 50 or over), DRE not paid separately when covered E/M service is provided on same date			
Colorectal cancer screening (to age 75) <ul style="list-style-type: none"> <li>• Fecal occult blood test (annual)</li> <li>• Flexible sigmoidoscopy (5y)</li> <li>• Screening colonoscopy (10y)</li> <li>• Barium enema</li> </ul>				
Diabetes self-management training (no USPSTF recommendation)	Requires referral by treating physician for patient with diabetes or renal disease. 10 hours of initial DSMT sessions of no less than 30 minutes each in a continuous 12-month period. 2 hours of follow-up DSMT in subsequent years.			

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Bone mass measurements (age 65 & older, biennial)	Requires diagnosis related to osteoporosis or estrogen deficiency. Biennial benefit unless patient has history of long-term glucocorticoid use or baseline is needed			
Glaucoma screening (no USPSTF recommendation)	Diabetes mellitus, family history African American, age 50 or over Hispanic American, age 65 or over			
Medical nutrition therapy for diabetes or renal disease (no recommended schedule)	Requires referral by treating physician for patient with diabetes or renal disease. Can be provided in same year as diabetes self-management training (DSMT), and CMS recommends medical nutrition therapy take place after DSMT. Up to 3 hours for initial year and 2 hours in subsequent years.			
Cardiovascular screening blood tests (every 5 years) • Total cholesterol • High-density lipoproteins • Triglycerides				
Diabetes screening tests (at least every 3 years, Medicare covers annually or at 6-month intervals for pre-diabetic patients) • Fasting blood sugar (FBS) or glucose tolerance test (GTT)	Patient must be diagnosed with one of the following: • Hyper tension • Dyslipidemia • Obesity (BMI >30 kg/m <sup>2</sup> ) • Previous elevated impaired FBS or GTT ... or any two of the following: • Over weight (BMI >25 but <30) • Family history of diabetes • Age 65 years or older • History of gestational diabetes or birth of baby weighing more than 9 pounds			
Abdominal aortic aneurysm screening (once)	Patient must be referred through IPPE and not have had a screening for abdominal aortic aneurysm before under Medicare. 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 abdominal aortic aneurysm • Anyone recommended for screening by the USPSTF			
HIV screening (annually for increased risk patients) • HIV-1 and HIV-2 by EIA, ELISA, rapid antibody test or oral mucosa transudate	Patient must be at increased risk for HIV infection per USPSTF guidelines or pregnant. Tests covered annually for patients at increased risk. Pregnant patients may receive up to 3 tests during pregnancy.			

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Smoking cessation counseling (up to 8 sessions per year) • Counseling greater than 3 and up to 10 minutes • Counseling greater than 10 minutes	Patients must be a smoker.			
Subsequent annual wellness visit	At least 12 months since last IPPE or AWW			
Other based on patient's risk factors:				
Other based on patient's risk factors:				
Other based on patient's risk factors:				
Other based on patient's risk factors:				
Other based on patient's risk factors:				

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_