



## PATIENT REGISTRATION

Dear Medicare Patient:

Recently, you may have heard about the Medicare Annual Wellness Visit, and we here at Family Medicine are ready to help and assist you with this. The Annual Wellness Visit is a visit that is intended to help lower your risk of illness or injury. As a Medicare patient, you are aware that Medicare does not pay for a traditional head-to-toe physical. In the Annual Wellness Visit, we are trying to identify health risks and concerns and help you to reduce them.

At your Wellness Visit, our RN – Leslie Schnulle, will take a complete health history and provide several other services:

- A limited physical exam to check your blood pressure, height, weight, vision and other things depending on age, gender and level of activity.
- Screenings to detect depression, risk for falls and other safety-related issues.
- Recommendations for other wellness services and healthy lifestyle changes.

We advise you to bring several items with you to the Wellness Visit:

- Bring all bottles of medications, including any/all from other physicians – optometrist / ophthalmologist, podiatrist, chiropractor, Veteran Physician, etc.
- A list of all current treating physicians, including optometrist / ophthalmologist, dentist, chiropractor, podiatrist and specialty physician.
- A list of surgeries, procedures and hospitalizations that have occurred within the last 10 years.
- A list of immunizations (including where) that have been received in the past 10 years.
- Copies of Advanced Directives, such as Power of Attorney for Healthcare, Living Wills, etc., if you would like for us to have a copy.

Please be advised that the Wellness Visit does not deal with new or existing health problems. This would be a separate service and requires a different appointment with your Physician or Nurse Practitioner. Please let our staff know if you need the Provider's help with health problems, as we may need to schedule a separate appointment. A separate charge would be applied to those services. Annual Wellness Visits are at no charge to the Medicare patient.

We want you to get the most from your Medicare Wellness benefits, so call and schedule an appointment today.

Sincerely,

Leslie D. Schnulle, RN

## MEDICARE WELLNESS CHECKUP

Please complete this checklist before seeing your doctor or nurse. Your responses will help you receive the best health and health care possible.

1. What is your age?

- 65-69.    70-79.    80 or older.

2. Are you a female or a male?

- Male.    Female.

3. 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.

4. 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.

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

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

6. 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.

Your name: \_\_\_\_\_

Today's date: \_\_\_\_\_

Your date of birth: \_\_\_\_\_

7. 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.

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

- Yes.    No.

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

- Yes.    No.

10. Can you prepare your own meals?

- Yes.    No.

11. Can you do your housework without help?

- Yes.    No.

12. 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.

13. Can you handle your own money without help?

- Yes.    No.

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

- Excellent.  
 Very good.  
 Good.  
 Fair.  
 Poor.

continued ►

15. 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.

16. Are you having difficulties driving your car?

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

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

- Yes, usually.
- Yes, sometimes.
- No.

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

	Never	Seldom	Sometimes	Often	Always
Falling or dizzy when standing up.	<input type="checkbox"/>				
Sexual problems.	<input type="checkbox"/>				
Trouble eating well.	<input type="checkbox"/>				
Teeth or denture problems.	<input type="checkbox"/>				
Problems using the telephone.	<input type="checkbox"/>				
Tiredness or fatigue.	<input type="checkbox"/>				

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

- Yes.    No.

20. Are you afraid of falling?

- Yes.    No.

21. Are you a smoker?

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

22. 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.

23. 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.

24. 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.

25. 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.

26. 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.

27. What is your race? (**Check all that apply.**)

- White.
- Black or African American.
- Asian.
- Native Hawaiian or Other Pacific Islander.
- American Indian or Alaskan Native.
- Hispanic or Latino origin or descent.
- Other.

Thank you very much for completing your Medicare Wellness Checkup. Please give the completed checkup to your doctor or nurse.