

Medicare Annual Wellness Guide





Background

Established in 2010 through the Affordable Care Act, this benefit was designed to encourage monitoring of physical and cognitive abilities, as well as development of plans associated with decreasing the impact of increasing frailty on everyday life for elders. Several of the chronic conditions experienced by elders are typically not of acute onset. These conditions often display minor symptoms at earlier stages that may be missed if not specifically screened for.

The goal of this guide to assist clinically integrated network (CIN) member practices and providers to gain a better understanding of the requirements and benefits of the AWV. This guide provides details on the services required as part of the initial AWV and subsequent AWVs.

The **Annual Wellness Visit (AWV)** provides an opportunity for patients and their providers to gain an understanding of their current health status, risks and take the appropriate actions to improve their health outcomes.

The AWV, is actually a combination of three visit types; the “Initial Preventative Physical Exam”, the “Initial Annual Wellness Visit”, and the “Subsequent Annual Wellness Visit”.

These will each be covered separately.

The goal of these visits are to Identify at risk patients including those:

- Living alone in community
- Increasing weakness
- Memory complaints
- With six or more chronic medications

Additionally these visits are an opportunity to close gaps in care such as:

- Review chronic conditions
- Update immunizations
- Personalized care plan
- Highlight preventative services

Initial Preventative Physical Exam

Eligibility:

- Patients have Medicare Part B in their initial 12 months
- Re-enrolled beneficiaries are not eligible

Who can perform:

- Must be performed by a physician, physician's assistant, nurse practitioner or certified clinical nurse specialist

Required Components of IPPE

Review of beneficiary's medical and social history

- Family history
- Diet
- Current medications and supplements
- History of alcohol, tobacco, and illicit drug use
- Physical activities

Review potential risk factors for depression

- Use any appropriate screening instrument recognized by national professional medical organizations to obtain current or past experience with depression or other mood disorders

Review functional ability and level of safety

- Use any appropriate screening instrument recognized by national
- professional medical organizations to obtain current or past experience with depression or other mood disorders

Focused Physical Exam

- Height, weight, body mass index, and blood pressure
- Visual acuity screen
- Other factors deemed appropriate based on beneficiary's medical and social history and current clinical standards

End of life planning (if agreed by beneficiary)

- Beneficiary's ability to prepare an advance directive in case of injury or illness causes beneficiary unable to make health care decisions; and
- Whether or not you are willing to follow beneficiary's wishes as expressed in advance directive

Education, counseling and referral for preventative services

- Based on results of review and evaluation services, provide education, counseling, and referral as appropriate
- Includes brief written plan, such as checklist, for beneficiary
- to obtain:
 - Screening electrocardiogram (EKG/ECG), if appropriate
 - Other separately covered Medicare Part B screenings and preventive services as applicable



Annual Wellness Visit (AWV)

Eligibility:

- Patients who have had Medicare Part B coverage for more than 12 months
- Patients who have not received an initial preventive physical exam (IPPE, or the “Welcome to Medicare” visit”) or an AWV within the last 11 calendar months
- Subsequent AWVs can be scheduled annually [Note: subsequent visits must be scheduled at least 11 calendar months apart (i.e., 11 full months after the month of the last AWV)]. All of the required components (including referrals) must be provided before submitting a claim for an AWV.

Required Components of the Initial AWV (at a minimum):

Health risk assessment

Health risk assessment (HRA) questionnaire is a tool to gain patient-reported information to help determine their current health status and identify health risks. This tool assists the provider to in completing the patient history as well as helping target the physical exam. Minimum components that should be included in an HRA:

- Demographic data
- Self-assessment of health
- Psychological risk and risk factors
- Behavioral risks
- Activities of daily living (ADLs)

Patient history

- Complete review of systems
- Document family history
- Document current medications
- Review of risk factors for depression (PHQ2, PHQ9, etc.)
- Review patient’s functional ability and level of safety, using appropriate screening questions or standardized screening tests recognized by national professional medical organizations, in the following areas: hearing impairment, performing activities of daily living, fall risk, and home safety

Focused physical examination

- Obtain vital signs such as height, weight, body mass index(BMI), and blood pressure
- Obtain other routine measurements as appropriate based on medical and family history
- Assess patient's cognitive function

Prevention plan/recommendations

- Establish a list of current providers and suppliers involved in the patient's healthcare
- Establish a written, age-appropriate screening schedule of preventive services offered by Medicare for the next 5-10 years (as appropriate) based on recommendations from current practice guidelines
- Establish a list of the beneficiary's risk factors and conditions as well as treatment options including associated risks and benefits
- Provide personalized health advice and referrals for health education and preventive counseling services as needed aimed at lifestyle interventions to promote wellness such as weight loss, increased physical activity, smoking cessation, fall prevention, and improved nutrition

Required Components of Subsequent AWVs (at a minimum):

Updated health risk assessment (HRA) including:

- Update of medical/family history
- Update of list of current providers/suppliers
- blood pressure, weight, and other routine measurements

With updates to:

- Written screening schedule
- List of risk factors and conditions where interventions are recommended
- Personalized health advice and referrals for health education and preventive counseling

Patient history

- Update and document medical and surgical history

Focused physical examination

- Document height, weight (or waist circumference, if appropriate), and blood pressure
- Obtain other routine measurements as appropriate based on medical and family history
- Assess patient's cognitive function

Prevention plan/recommendations

- Update list of current providers and suppliers involved in the patient's healthcare
- Update the written screening schedule
- Update the list of risk factors, conditions, and recommended interventions
- Provide personalized preventive health advice and referrals as indicated

Who can perform AWV

A "health professional" meaning:

- Physician (MD/DO)
- Physician assistant
- Nurse practitioner
- Clinical nurse specialist
- Medical professional (including health educator, RD, nutrition professional, or other licensed practitioner) or a team of such medical professionals, working under the direct supervision of a physician.

Coding and billing for IPPE and Annual Wellness Visits

Although no specific ICD-10-CM diagnosis code is required for AWVs, an ICD-10 code is required. Providers should choose an appropriate ICD-10-CM diagnosis code.

The advised codes should include:

Z00.00 – Normal findings

Z00.01 – Abnormal findings

- The IPPE and AWV do not include any laboratory tests but the provider may make referrals for such tests as part of the visit.
- Coinsurance, copayment, and the Medicare Part B deductible are waived for IPPE and AWV.
- The CPT code for the initial IPPE is G0402
- The CPT code for the initial AWV is G0438.
- The CPT code for subsequent AWVs is G0439.
- Separate evaluation and management (E/M) services can be provided and billed with a -25 modifier at the same visit as the AWV provided that the services are significant, separately identifiable, and medically necessary services needed to treat the beneficiary's illness or injury or to improve the functioning of a malformed body member. Some of the components of a medically necessary E/M service (e.g., a portion of a history or a physical exam) may have been part of the AWV and should not be included when determining the most appropriate E/M

level of service to bill. For additional preventive services covered under Medicare Part B that are not part of the AWV, the correct procedure code should be billed. For all other general services, the proper CPT codes should be billed. Beneficiaries are required to pay any usual coinsurance, copayments, and deductibles associated with the separate E/M services and should be notified of such prior to providing these services.

Reimbursement

Annual Wellness Visits (AWV) are reimbursable at Medicare fee for service rates at approximately \$170 for and initial and \$110 for subsequent. As noted above and below additional services may be billable as documented as separate and identifiable services such as E&M codes, labs, imaging, EKG, etc.

HCC coding

AWV are an opportune time to update a patient's HCC codes. Identified ICD-10 codes at the AWV may be cross-walked to an appropriate HCC code which may impact the patient's RAF score. This RAF score may be impactful for purposes of ACO benchmarking as well as for Medicare Advantage reimbursement.



Comparing the IPPE (“Welcome to Medicare” Visit), First AWV, and Subsequent AWVs

	IPPE (“Welcome to Medicare”)	First AWV	Subsequent AWVs
Eligibility	Within the first 12 months of Medicare Part B eligibility	After 12 months of Part B eligibility and more than 12 months since an IPPE (This is a once per lifetime service)	Every year after the first AWV (each AWV must be 11 full months after the month of the last AWV)
Billing codes	G0402	G0438	G0439
Provider	Can be provided by a physician or qualified non-physician practitioner (physician assistant, nurse practitioner, or clinical nurse specialist)	Can be provided by a physician, a qualified non-physician practitioner (physician assistant, nurse practitioner, or clinical nurse specialist) or by a medical professional (including a health educator, registered dietitian, nutrition professional, or other licensed practitioner) or a team of medical professionals who are working under the direct supervision of a physician	
Required components (at a minimum)	Obtain and document medical and surgical history and family history	Obtain and document medical and surgical history and family history	Update medical and surgical history
	Document current medications and supplements	Document current medications and supplements	
	Review risk factors for depression and other mood disorders	Review risk factors for depression and other mood disorders	
	Review patient's functional ability and level of safety	Review patient's functional ability and level of safety	
	Document height, weight, body mass index, blood pressure, and visual acuity	Document height, weight, body mass index, and blood pressure	Document height, weight (or waist circumference, if appropriate), and blood pressure
		Assess the beneficiary's cognitive function	Assess the beneficiary's cognitive function
		Establish a list of the beneficiary's risk factors, conditions, and treatment options	Update the list of risk factors, conditions, and recommended interventions
	Provide end-of-life counseling and planning (following patient consent)		
		Establish a list of current providers and suppliers involved in the patient's care	Update list of current providers and suppliers involved in the patient's care

	IPPE ("Welcome to Medicare")	First AWV	Subsequent AWVs
Required components (at a minimum) <i>cont.</i>	Establish a written plan for other preventive screening services (e.g., ECG, mammogram)	Establish a written screening schedule of preventive services for the next 5-10 years	Update the written screening schedule
	Provide education, counseling, and referrals based on the components of the visit	Provide personalized health advice and referrals for preventive counseling	Provide personalized preventive health advice and referrals as indicated
Additional information	<ul style="list-style-type: none"> • These services do not include any laboratory tests but the provider may make referrals for such tests. • Coinsurance, copayment, and the Medicare Part B deductible are waived for AWV services. • Separate evaluation and management (E/M) services can be provided and billed with a -25 modifier at the time of these visits provided that the services are significant, separately identifiable, and medically necessary services needed to treat the beneficiary's illness or injury or to improve the functioning of a malformed body member. Some of the components of a medically necessary E/M service (e.g., a portion of a history or a physical exam) may have been part of the IPPE or AWV and should not be included when determining the most appropriate E/M level of service to bill. For additional preventive services covered under Medicare Part B that are not components of these visits and all other general services, the correct procedure code should be billed. Beneficiaries are required to pay any usual coinsurance, copayments and deductibles associated with the separate E/M services and should be notified of such prior to providing these services. • Should the same practitioner need to perform a medically necessary EKG in the 93000 series on the same day as the AWV, they shall report the appropriate EKG CPT codes with modifier -59. As noted above, the beneficiary would be required to pay any usual coinsurance, copayments, and deductibles that are associated with the procedure. 		



Additional Recommended Resources

CMS preventative services website

www.medicare.gov/coverage/preventive-and-screening-services.html

Patients guide to preventative services

www.medicare.gov/Pubs/pdf/10110.pdf

Medicare ABCs of AWW

www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/AWW_Chart_ICN905706.pdf

Medicare ABCs of IPPE

www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MPS_QRI_IPPE001a.pdf

Medicare immunization coverage

www.medicareinteractive.org/get-answers/medicare-covered-services/preventive-care-services/medicare-coverage-of-vaccines-and-immunizations

Screening Instruments

Depression screening tool (PHQ-9)

www.med.umich.edu/1info/FHP/practiceguides/depress/phq-9.pdf

Activity of daily living screening tool

www.unmc.edu/media/intmed/geriatrics/reynolds/pearlcards/functionaldisability/ADLs_form.pdf

Vaccine guidelines (ACIP)

www.cdc.gov/vaccines/hcp/acip-recs/index.html

Fall risk assessment tool

networkofcare.org/library/Morse%20Fall%20Scale.pdf

Practice Management Considerations

Marketing benefits to patients

- Stay healthy with free annual wellness visit
- Thorough review of medical and family history
- Developing or updating a list of current providers and medications
- Personalized health and wellness advice
- List of risk factors and educational options
- Discussion of additional screenings or services that may be beneficial to patient and family

Operational considerations

Because these can be complicated and require physician time having a system is important. Some options for HRAs to be filled out in advance of the provider encounter are:

- Patients filling out HRAs online (based on patient population)
- Telephonic patient interviewing
- Support staff face to face interviewing
- Patient populated questionnaires

Also, because these may be performed by various practitioners consideration should be given to if it may be performed by:

- Physician (MD/DO)
- Physician assistant
- Nurse practitioner
- Clinical nurse specialist
- Medical professional (including health educator, RD, nutrition professional, or other licensed practitioner) or a team of such medical professionals, working under the direct supervision of a physician

Quality Program Considerations

While Annual Wellness Visits are currently not part of the official CIN programs they are currently being tracked by the CI quality staff because they present an opportunity to address many of the quality measures that are part of the CIN quality program, part of the MSSP ACO metrics (for participating physicians/practices) as well as for the MACRA/MIPS/QPP program. The matrix below outlines where the quality metrics cross over.

	ACO MSSP	MIPS	CIN Quality	Potentially Addressed at AWV
Quality			Good Glycemic Control	Good Glycemic Control
	DM: HbA1c poor control>9%	DM: HbA1c poor control>9%	DM: HbA1c poor control>9%	DM: HbA1c poor control>9%
	HTN: controlling high blood pressure	HTN: controlling high blood pressure	HTN: controlling high blood pressure (ACO 28)	HTN: controlling high blood pressure (ACO 28)
			HTN: controlling high blood pressure (HEDIS)	HTN: controlling high blood pressure (HEDIS)
	Preventive Care and Screening: screening for clinical depression and follow-up plan	Preventive Care and Screening: screening for clinical depression and follow-up plan	Preventive Care and Screening: screening for clinical depression and follow-up plan	Preventive Care and Screening: screening for clinical depression and follow-up plan
	All cause unplanned admission for patients with heart failure	All cause unplanned admission for patients with heart failure	All cause unplanned admission for patients with heart failure	
	Breast cancer screening	Breast cancer screening	Breast cancer screening	Breast cancer screening
	Colorectal cancer screening	Colorectal cancer screening	Colorectal cancer screening	Colorectal cancer screening
	IVD: Use of aspirin or another anti-thrombotic	IVD: Use of aspirin or another anti-thrombotic	IVD: Use of aspirin or another anti-thrombotic	IVD: Use of aspirin or another anti-thrombotic

Conclusion

Annual Wellness Visits present a great opportunity to serve our patients and communities while meeting quality goals and in process delivering a reimbursable service.

Appendix I: Sample Health Risk Assessment (HRA) Tool

ALL FIELDS ARE REQUIRED

DATE OF SERVICE	
PATIENT NAME	DOB
MEMBER ID#	PLAN NAME
PATIENT INFORMATION	
HEALTH RISK ASSESSMENT	
RESPONSE	
DOCUMENT RECOMMENDATIONS GIVEN TO PATIENT	
DEMOGRAPHIC DATA	
AGE	
GENDER	Male _____ Female _____
RACE – American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; and White; and one ethnicity category, Hispanic or Latino.	
SELF ASSESSMENT	
HEALTH STATUS a.) In general, compared to other people your age, would you say that your health is:	Poor _____, Fair _____, Good _____, Very good _____, Excellent _____

<p>b.) Do you have any concerns about your health and conditions?</p>	<p>Yes _____ No _____ If yes, what are they?:</p>
<p>c.) Have you been diagnosed with any chronic medical conditions?</p>	<p>Yes _____ If yes, which condition? Diabetes _____ Hypertension _____ Heart disease _____ Heart failure _____ Coronary artery disease _____ COPD _____ Asthma _____ Arthritis _____ Location _____ Other _____ No _____</p>
<p>d.) Have you had any surgeries?</p>	<p>Yes _____ If yes, what surgeries? _____ No _____</p>
<p>e.) Have any close family members been diagnosed with a serious illness?</p>	<p>Yes _____ If yes, which illness? _____ No _____</p>
<p>f.) Have you had a flu shot?</p>	<p>Yes _____ If Yes, date & location _____ No _____</p>
<p>g.) Have you had a pneumonia shot?</p>	<p>Yes _____ If Yes, date & location _____ No _____</p>
<p>FALLS a.) In the past 12 months, have you fallen 2 or more times?</p>	<p>Yes _____ If Yes, date & location _____ No _____</p>
<p>b.) Are you afraid that you might fall, because of walking or balance problems?</p>	<p>Yes _____ No _____</p>

<p>ACTIVITIES OF DAILY LIVING (ADL) – In the past 7 days, did you need help from others to perform everyday activities such as eating, getting dressed, grooming, bathing, walking, or using the toilet?</p>	<p>Yes _____ (If yes, please circle from the list in the left column) No _____</p>
<p>INSTRUMENTAL ACTIVITIES OF DAILY LIVING – In the past 7 days, did you need help from others to take care of things such as laundry and housekeeping, banking, shopping, using the telephone, food preparation, transportation, or taking your own medications?</p>	<p>Yes _____ (If yes, please circle from the list in the left column) No _____</p>
<p>NUTRITION Over the past 7 days a.) How many times did you eat fast food or snacks or pizza?</p>	<p>0 _____, 1 _____, 2 _____, 3 or more _____</p>
<p>b.) How many servings of fruits or vegetables did you eat each day?</p>	<p>0 _____, 1 _____, 2 _____, 3 or more _____</p>
<p>c.) How many sodas and sugar sweetened drinks (regular, not diet) did you drink each day?</p>	<p>0 _____, 1 _____, 2 _____, 3 or more _____</p>
<p>MEDICATION ADHERENCE a.) How often do you have trouble taking medicines the way you have been told to take them?</p>	<p>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 _____</p>
<p>b.) Do you have any questions about your medications?</p>	<p>Yes _____, If yes, what are they? _____ No _____</p>
<p>ORAL HEALTH – How would you describe the condition of your mouth and teeth, including false teeth and dentures?</p>	<p>Excellent _____, Very good _____, Good _____, Fair _____, Poor _____</p>
<p>HEARING – Do you have problems with your hearing?</p>	<p>Yes _____, No _____, Sometimes _____</p>

<p>SLEEP</p> <p>a.) Do you snore or has anyone told you that you snore?</p>	<p>Yes _____, No _____</p>
<p>b.) In the past 7 days, were you sleepy during the daytime?</p>	<p>None _____, Some _____, A lot _____</p>
<p>PHYSICAL ACTIVITY</p> <p>a.) On how many of the last 7 days did you engage in moderate to strenuous exercise (like a brisk walk)?</p>	<p>0 _____, 1 _____, 2 _____, 3 _____, 4 _____, 5 _____, 6 _____, 7 _____</p>
<p>b.) On those days that you engage in moderate to strenuous exercise, how many minutes, on average, do you exercise at this level?</p>	<p>_____ minutes</p>
<p>PSYCHOSOCIAL RISKS</p>	
<p>DEPRESSION</p> <p>a.) Over the past 2 weeks, how often have you felt down, depressed, or hopeless?</p>	<p>Not at all _____, Several days _____, More days than not _____, Nearly every day _____</p> <p>(If answer is anything other than “Not at all” provider needs to perform PHQ-9 below)</p>
<p>b.) Over the past 2 weeks, how often have you felt little interest or pleasure in doing things?</p>	<p>Not at all _____, Several days _____, More days than not _____, Nearly every day _____</p> <p>(If answer is anything other than “Not at all” provider needs to perform PHQ-9 below)</p>
<p>STRESS – Please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today.</p>	<p>0 _____ No distress, 1 _____, 2 _____, 3 _____, 4 _____, 5 _____, 6 _____, 7 _____, 8 _____, 9 _____</p>
<p>LONELINESS/SOCIAL ISOLATION – do you feel lonely?</p>	<p>Yes _____, No _____</p>
<p>SOCIAL/EMOTIONAL SUPPORT – How often do you get the social and emotional support you need?</p>	<p>None _____, Some _____, A lot _____</p>
<p>PERSONAL LOSS – Have you suffered a personal loss or misfortune in the last year? (ie: a job loss, disability, divorce, separation, jail term, or death of someone close to you).</p>	<p>No _____, Yes one serious loss _____, Yes, two or more serious losses _____</p>

ANXIETY – Over past 2 weeks, how often have you felt nervous, anxious, or on edge?	None _____, Some _____, A lot _____
PAIN/FATIGUE – In the past 7 days, how much pain have you felt?	None _____, Some _____, A lot _____
BEHAVIORAL RISKS	
TOBACCO USE – In the last 30 days, have you used tobacco? a.) Smoked cigarettes	Yes _____, No _____
b.) Used a smokeless tobacco product	Yes _____, No _____
SEX – How many different sexual partners have you had in the past year?	0 _____, 1 _____, 2 _____, 3 or more _____
SUBSTANCE USE – How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?	0 _____, 1 _____, 2 _____, 3 or more _____
ALCOHOL CONSUMPTION – do you drink alcohol?	# of drinks per wk _____
MOTOR VEHICLE SAFETY (SEAT BELT USE) a.) Do you always fasten your seat belt when you are in a car?	Yes _____, No _____
b.) Do you ever drive after drinking, or ride with a driver who has been drinking?	Yes _____, No _____
HOME SAFETY a.) is there anything in your home that makes moving around difficult?	Yes _____, No _____
b.) Are emergency numbers kept by the phone and regularly updated?	Yes _____, No _____
c.) Is there a friend, relative or neighbor who could help you for a few days, if necessary?	Yes _____, No _____
d.) Do you smoke in bed?	Yes _____, No _____

e.) Do you have smoke alarms in working order?	Yes _____, No _____
PATIENT PRIORITIES	
Which of the above health topics is the most important one to talk to your doctor about today?	Which one(s)? _____
Do you wish to discuss any end of life issues during this visit?	Yes _____, No _____

PROVIDER INFORMATION		
Print Provider Name:	Group Name:	
Provider ID:	Tax ID Number:	
Provider Address:	City, State, Zip:	Provider Signature:
		check one <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> Other _____
		Date: ____/____/____

PHQ-9 (to be completed if patient answered anything except "Not at all" to the screening questions above):
Little interest or pleasure in doing things: [0 = NOT AT ALL] [1 = SEVERAL DAYS] [2 = MORE THAN 7 DAYS] [3 = NEARLY EVERY DAY]
Feeling down, depressed, or hopeless: [0 = NOT AT ALL] [1 = SEVERAL DAYS] [2 = MORE THAN 7 DAYS] [3 = NEARLY EVERY DAY]
Trouble falling or staying asleep, or sleeping too much: [0 = NOT AT ALL] [1 = SEVERAL DAYS] [2 = MORE THAN 7 DAYS] [3 = NEARLY EVERY DAY]

Feeling tired or having little energy:

[0 = NOT AT ALL] [1 = SEVERAL DAYS] [2 = MORE THAN 7 DAYS] [3 = NEARLY EVERY DAY]

Poor appetite or overeating:

[0 = NOT AT ALL] [1 = SEVERAL DAYS] [2 = MORE THAN 7 DAYS] [3 = NEARLY EVERY DAY]

Feeling bad about yourself – or that you are a failure or have let yourself or your family down:

[0 = NOT AT ALL] [1 = SEVERAL DAYS] [2 = MORE THAN 7 DAYS] [3 = NEARLY EVERY DAY]

Trouble concentrating on things, such as reading the newspaper or watching television:

[0 = NOT AT ALL] [1 = SEVERAL DAYS] [2 = MORE THAN 7 DAYS] [3 = NEARLY EVERY DAY]

Moving or speaking so slowly that other people could have noticed. Or the opposite – being fidgety or so restless that you have been moving around a lot more than usual:

[0 = NOT AT ALL] [1 = SEVERAL DAYS] [2 = MORE THAN 7 DAYS] [3 = NEARLY EVERY DAY]

Thoughts that you would be better off dead, or of hurting yourself in some way:

[0 = NOT AT ALL] [1 = SEVERAL DAYS] [2 = MORE THAN 7 DAYS] [3 = NEARLY EVERY DAY]

Scoring:

For every: NOT AT ALL = 0; SEVERAL DAYS = 1; MORE THAN 7 DAYS = 2; NEARLY EVERY DAY = 3

BIOMETRIC ASSESSMENT

HEIGHT, WEIGHT, BMI

(Body Mass Index)

HT _____, WT _____, BMI _____

SYSTOLIC/DIASTOLIC BLOOD PRESSURE

BLOOD LIPIDS (HDL/LDL AND TOTAL CHOLESTEROL, TRIGLYCERIDES)

HDL _____, LDL _____, TOTAL CHOLESTEROL _____, TRIG _____

BLOOD GLUCOSE

Physician Notes and Summary Comments

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1.) Significant Health Risks and Plans

Risk	Plan

2.) Current Additional Providers and Suppliers Involved in Care

Name	Type

3.) Schedule for Health Screening

Procedure	Frequency

4.) Further Counseling Provided

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