

NOTICE TO OUR PATIENTS ABOUT THE MEDICARE ANNUAL WELLNESS VISIT

Dear Patients who are Medicare beneficiaries,

Diablo Valley Primary Care is committed to preventative healthcare and, as thus, is on board with Medicare in providing all our Medicare beneficiaries the Annual Wellness Visit (AWV). As of January 1st, 2011, Medicare allows for all beneficiaries who have been enrolled in the Part B plan for at least 12 months, to be eligible to receive the Annual Wellness Visit from their providers at no cost to them.

Unlike the traditional “head-to-toe” physical examination, which is not covered by Medicare, the Annual Wellness Visit will focus on preventive screenings and wellness counseling. We believe that these annual visits will give us the best picture of your current health status which in turn will help reduce your chances of having bad health outcomes (illness or injury) by making sure you are up to date on your health screenings and immunizations.

At your Annual Wellness Visit, our healthcare team will collect and document the following information:

- Your medical and family histories, along with your medication list
- Screen for depression or mood disorders
- Review your functional ability (hearing impairment and activities of daily living) and your level of safety (fall risk and home safety)
- Measure your vital signs including height, weight, body mass index (BMI), and blood pressure
- Establish a list of current providers who are providing medical care to you
- Assess for any memory impairment
- Establish a written screening schedule and furnish a personalized health advice so that you can maintain good health as long as possible

During this visit, due to time constraints, we ask that any additional clinical problems or concerns be kept to a minimum, if possible.

We welcome you to ask us or our support staff should you have any additional questions about the visit, and we look forward to seeing you on your initial Annual Wellness Visit.

Respectfully yours,

Chinnavuth De Monteiro, MD

Rocio Flores Neale, PA-C

Claire Reiton, PA-C

MEMBER: _____ PCP: _____ Date: _____

Annual Wellness Visit Initial (G0438) _____ Subsequent _____ (G0439)

Vital signs: BP: _____ Temp: _____ Ht: _____ Wt: _____ BMI: _____

Gender: _____ Age: _____ DOB: _____

Personal/Family History: Please indicate whether you or a person related by blood has had any of the following medical problems:

Condition	Yes	No	Relationship	Condition	Yes	No	Relationship
High blood pressure				Glaucoma			
Stroke				Cancer			
Heart disease				Alcoholism			
High cholesterol				Asthma/COPD			
Diabetes				Depression/suicide			
Congestive Heart Failure				Thyroid problem			
Heart Attack							

Other Medical Care: List any other providers who provided medical care in the last 6 months:

Name	Date	Condition	Name	Date	Condition

Depression Screening: Over the last 2 weeks, how often have you felt:

Question	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things?				
Down, depressed, or hopeless?				

Medications: Please list current prescription/non-prescriptions medicines, vitamins, etc...

Name	Dosage	Name	Dosage

Functional/Safety Assessment:

Cognitive Assessment: 3 word recall /clock drawing

Does the patient's home have the following:	
Rugs:	Yes _____ No _____
Handrails:	Yes _____ No _____
Grab bars in bathroom:	Yes _____ No _____
Poor Lighting:	Yes _____ No _____

Risk for falls: __ Yes __ No Hearing impairment: __ Yes __ No

MEMBER: _____

PCP: _____

DATE: _____

Written Screening Schedule

Screening/Procedure	Age Range	Frequency	Completed	Recommended
Health assessment or "physical"	65 and older	Annually		
Blood pressure	All ages	Once every 2 years		
Cholesterol	45 years and older	Once every 5 years or more, frequently if family history of high cholesterol is present		
Colorectal cancer screening	50 years and older	Every 1 to 10 years depending on screening method (fecal occult blood test, sigmoidoscopy, or colonoscopy)		
Prostate cancer screening	50 to 75 years	Discuss with your physician		
Clinical breast exam	All ages	Annually		
Mammogram	50 years and older	Annually		
Pelvic exam	All ages	Every 1-3 years depending on health status		
Osteoporosis screening	All women 65 years and older or younger women with one or more risk factors	Every 5 years		
Vaccination	Age Range	Frequency		
Flu shot	All ages	Annually during fall months		
Tetanus diphtheria, pertussis (Td or Tdap) booster	All ages	Td every 10 years; substitute one Tdap for Td		
Pneumococcal	65 and older	Once		
Zoster vaccine	60 and older	Once		
Other vaccinations	All ages	As needed without proof of previous immunity or per risk assessment		

Rendering Clinician Signature and Credentials: _____