

MEDICARE INITIAL PREVENTIVE PHYSICAL EXAMINATION ENCOUNTER FORM continued

Create two copies of this page: one for your charts and one to give to your patient.

COUNSELING AND REFERRAL OF OTHER PREVENTIVE SERVICES

Service	Limitations	Recommendation	Scheduled
Vaccines <ul style="list-style-type: none"> • Pneumococcal • Influenza • Hepatitis B (if medium/high risk) 	No deductible/no co-pay Medium/high-risk factors: <ul style="list-style-type: none"> • End-stage renal disease • Patients with hemophilia who received Factor VIII or IX concentrates • Clients of institutions for the mentally retarded • Persons who live in the same house as a carrier of Hepatitis B virus • Homosexual men • Abusers of illicit injectable drugs 		
Mammogram			
Pap and pelvic exams			
Prostate cancer screening <ul style="list-style-type: none"> • Digital rectal exam (DRE) • Prostate specific antigen (PSA) 			
Colorectal cancer screening <ul style="list-style-type: none"> • Fecal occult blood test • Flexible sigmoidoscopy • Screening colonoscopy • Barium enema 	Exempt from Part B deductible.		
Diabetes self-management training	Requires referral by treating physician for patient with diabetes or renal disease.		
Bone mass measurements	Requires diagnosis related to osteoporosis or estrogen deficiency.		
Glaucoma screening			
Medical nutrition therapy for diabetes or renal disease	Requires referral by treating physician for patient with diabetes or renal disease.		
Cardiovascular screening blood tests <ul style="list-style-type: none"> • Total cholesterol • High-density lipoproteins • Triglycerides 	Order as a panel if possible.		
Diabetes screening tests <ul style="list-style-type: none"> • Fasting blood sugar (FBS) or glucose tolerance test (GTT) 	Patient must be diagnosed with one of the following: <ul style="list-style-type: none"> • Hypertension • Dyslipidemia • Obesity (BMI ≥ 30 kg/m²) • Previous ID of elevated impaired FBS or GTT ... or any two of the following: <ul style="list-style-type: none"> • Overweight (BMI ≥ 25 but < 30) • Family history of diabetes • Age 65 years or older • History of gestational diabetes or birth to baby weighing more than 9 pounds 		
Abdominal aortic aneurysm screening <ul style="list-style-type: none"> • Sonogram 	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: <ul style="list-style-type: none"> • 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 U.S. Preventive Services Task Force 		

Physician's signature: _____ Date: _____