

# Annual Wellness Visit (AWV) Practice Checklist

<b>Initial</b> Annual Wellness Visit	G0438	} Z00.00 or Z00.01
<b>Subsequent</b> Annual Wellness Visit	G0439	

## ***Before the visit:***

- Verify eligibility:     [ ] Medicare  
                                  [ ] Not eligible for Welcome to Medicare Visit  
                                  [ ] More than 365 days since initial AWV
- Explain the Annual Wellness Visit to the patient
- Is the problem list complete?
- Is the medication list complete?
- Is the family history complete?
- Do we have a list of the patient's other physicians?

## ***During the visit:***

- Have the patient complete a depression screen
- Have the patient complete functional assessment (*initial and subsequent*)
- Measure BP, height, weight, BMI and/or waist measurement
- Complete list of risk factors.
- Update immunization record and order immunizations.
- Update preventive checklist.
- Make new schedule of preventive and early detection interventions.
- Discuss advance directive.
- Refer for:
  - [ ] Screening tests
  - [ ] Nutritional interventions
  - [ ] Treatment of depression
  - [ ] Fall prevention
  - [ ] Tobacco cessation

**To: Our Medicare Patients:**

**Subject: Medicare Annual Wellness and Other Preventive Visits**

Beginning January 1, 2011, Medicare covers an “Annual Wellness Visit” in addition to the one-time “Welcome to Medicare” exam. The “Welcome to Medicare” exam occurs only once during your first twelve months as a Medicare patient. You may receive your Annual Wellness Visit after you have been with Medicare for more than one year, or it has been at least one year since your “Welcome to Medicare” exam.

Initial Preventive Physical Exam (IPPE)	“Welcome to Medicare” is only for <i>new</i> Medicare patients. This must be done in the 1 <sup>st</sup> year as a Medicare patient.
Annual Wellness Visit, Initial	At least 1 yr after the “Welcome to Medicare” exam.
Annual Wellness Visit, Subsequent	Once a year (more than 1 yr + 1 day after the last Wellness Visit).

The Annual Wellness Visit is not the same thing as what many people often refer to as their yearly physical exam. Medicare is very specific about what the “Annual Wellness Visit” includes and excludes.

At the Annual Wellness Visit, your doctor will talk to you about your medical history, review your risk factors, and make a personalized prevention plan to keep you healthy. The visit does *not* include a hands-on exam or any testing that your doctor may recommend, nor does it include any discussion about any new or current medical problems, conditions, or medications. You may schedule another visit to address those issues *or* your doctor may charge the usual Medicare fees for such services that are beyond the scope of the Annual Wellness Visit.

If you would like to schedule an annual physical, including any lab work or other diagnostic testing, medication management, vaccinations, and other services, please understand that these services will be charged and covered according to Medicare’s usual coverage guidelines. However, you may still develop a care plan based on the Annual Wellness Visit criteria.

We appreciate the trust you put in us to take care of your health care needs and hope that you will take advantage of this new benefit to work with your physician in creating your personalized prevention plan.

*See the attached list to bring with you to your appointment.*

What you should bring to your Annual Wellness Visit:

The names of all your doctors:

Name	Specialty

A list of all your medications

Name of medicine	Dose	How medication is taken (1 daily, PRN)

Have you had any tests done in the past year?    \_\_\_ Yes    \_\_\_ No  
(such as blood tests, colonoscopy, mammograms, x-rays, CT scan, MRI, etc.)

Test Name	Date

Have you had any recent immunizations?                    \_\_\_ Yes    \_\_\_ No

Do you have a living will or advance directive?                    \_\_\_ Yes    \_\_\_ No  
(If you have one, *please bring a copy of it with you.*)

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

1. Can you get places out of walking distance without help?  
 \*For example, can you travel alone by bus, taxi, or drive your own car?

- Yes
- No

2. Can you shop for groceries or clothes without help?

- Yes
- No

3. Can you prepare your own meals?

- Yes
- No

4. Can you do your own housework without help?

- Yes
- No

5. Can you handle your own money without help?

- Yes
- No

6. Do you need help eating, bathing, dressing, or getting around your home?

- Yes
- No

7. Are you having difficulties driving your car?

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

8. Have you been given any information to help you keep track of your medications?

- Yes
- No

9. 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

10. During the past 4 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

11. How often in the past 4 weeks, have you had trouble eating well?

- Never
- Seldom
- Sometimes
- Often
- Always

12. How often in the past 4 weeks, have you been bothered by your teeth or dentures?

- Never
- Seldom
- Sometimes
- Often
- Always

13. How often in the past 4 weeks, have you had problems using the telephone?

- Never
- Seldom
- Sometimes
- Often

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

- Always
14. Have you been given any information to help you identify hazards in your house that might hurt you?  
 Yes   
 No
15. Do you always fasten your seatbelt when you are in a car?  
 Yes, Usually   
 Yes, Sometimes   
 No
16. Have you had sex in the past 12 months (vaginal, oral or anal)?  
 Yes   
 No
17. Have you ever had a sexually transmitted disease?  
 Yes   
 No
18. During the past 4 weeks, how much bodily pain have you generally had?  
 No pain   
 Very mild pain   
 Mild pain   
 Moderate pain   
 Sever pain
19. During the past 4 weeks, what was the hardest physical activity you could do for at least 2 minutes?  
 Very heavy   
 Heavy   
 Moderate   
 Light   
 Very light

20. During the past 4 weeks, how would you rate your general health?  
 Excellent   
 Very good   
 Good   
 Fair   
 Poor
21. How have things been going for you in the past 4 weeks?  
 Very well – could hardly be better   
 Pretty good   
 Good and bad are about equal   
 Pretty bad   
 Very bad – could hardly be worse
22. 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
23. Over the past 2 weeks, have you experienced having little interest or pleasure in doing things?  
 Yes   
 No
24. Over the past 2 weeks, have you been feeling down, depressed or hopeless?  
 Yes   
 No
25. Are you a smoker?  
 No   
 Yes, and I might quit   
 Yes, but I am not ready to quit

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

26. Did you have a drink containing alcohol in the past year?

Yes

No

27. Have you fallen two (2) or more times in the past year?

Yes

No

28. Were you injured in any falls in the past year?

Yes

No