



Digital Clinicians

Annual Medicare Wellness

NAME: _____ **DOB:** _____

Vitals: Height: _____ Weight: _____ Pain Number (1-10): _____

BP: _____ Pulse: _____ Temp: _____ Oxygen (if have): _____

QUESTIONS:

- How would you rate your current health status? Excellent Good Fair Poor
 - If not excellent, why?
- Any changes to medical problems or medications? Yes No
- Who are all the active providers you see? (PCP, Neuro, Cardio, Lung, GI, Endocrine, Pain, Derm, Eye, etc)
 - The Care team in portal is correct – or Add/ Subtract:
- Cognitive Function: In the past month, have you had problems with regular daily activities as a result of memory or emotional problems? Yes No
- Cognitive Function: Does your family or friends make comments about your memory? (*If you are aware you forgot something, you do NOT have dementia*) Yes No
- Pain: How would you rate your overall pain currently? 0= none 10= the worst
 - Do we need to change your current plan?
- Depression: Over the past 2 weeks, how often have you felt down, depressed, or hopeless?
 - Not Depressed Sometimes Most days Daily
 - Do we need to change your current plan? Yes No
- Depression: Over the past 2 weeks, how often have you felt little interest or pleasure in doing things?
 - Not Depressed Sometimes Most days Daily
- Physical Health: Do you have a regular exercise program? Yes No
 - What do you do for regular movement?
- Bladder Control: In the past 6 months, have you experienced urinary leakage?
 - Yes No Yes, but don't want referral to urology or pelvic floor therapist.
- ADLS or iADLS: Any problems with bathing, dressing, eating, walking, or balancing a check book? Yes No
- Falls: Is there any safety or fall concern? No Yes- elaborate:
 - Number of falls in the last 12 months? #___ Elaborate:
- Osteoporosis, Fall & Energy: Are you taking Vit D supplementation? Yes No
- Hearing: Do you have trouble hearing the television or radio when others do not?
 - Yes No Already have hearing aids
- Hearing: Do you have to strain to strain to hear or understand conversations?
 - Yes No Already have hearing aids

(Turn over)

THINGS DUE (we will review with you)

- Have you received both Pneumonia Vaccines? Yes No
- Have you received both Shingles Vaccines? Yes No
- Lab work – (due every 6 or 12 months) Last Done _____ Order Yes No

- Colon Cancer Screen
 - Colonoscopy – at least once in life – every- 3-10 years depending. Last done: _____ Order Yes No
 - Fit Card -yearly Last done: _____ Order Yes No

- Women
 - Screen for Breast Cancer- Mammogram -50-74y- Due every 1-2 years
 - Last test: _____ Order Yes No
 - Screen for Cervical Cancer- PAP - Due every 3-5 years, if past are normal and still have cervix
 - Last done: _____ Make appt for pap with me or gyn
 - Screen for osteoporosis-65y+ - DEXA - Due every 2 years
 - Last Test: _____ Order: Yes No

- Smokers- qualify: 55-70y- current or quit within 15 years, 30 year pack history
 - Low Dose CT Lungs - Screen for lung cancer Last done: _____ Order: Yes No
 - COPD- PFT - Pulmonary function - Yearly Last done: _____ Order: Yes No
 - Smoking cessation needed? Order: Chantix Nicorette gum Nicorette patch

- ASCVD / Heart & Vascular Disease
 - Cholesterol - Last cholesterol lab: _____ On Statin? Yes No
 - HTN - BP Range <110/70 120s/70-80s >135/88 on BP meds: Yes No

- Diabetes
 - A1Cs & CMP (every 3-6 months) Last lab: _____
 - Neuropathy & Foot screen yearly Last completed: _____ Have podiatrist Yes No
 - Urine screen for Albumin/protein Last lab: _____
 - Retinopathy/ Glaucoma screen Last completed: _____ Have eye dr Yes No
 - BP controlled BP Range <110/70 120s/70-80s >135/88 on BP meds: Yes No

- Advanced Care Planning – Update or fill out the Oregon Adv care plan. Updating your family with your wishes.
 - You can download and print from BarbNP.com/blog
 - *The Bank has a form called “payable upon death” you may want to review with the bank.
 - *Review the other info about avoiding probate court by having certain documents, in the BarbNP.com/blog

THANK YOU for filling this out. If there is anything else that needs addressed, please make a comment below.

*Please take a photo of this and the adv care plan and send to 541-262-6470,
or mail back to office- 321B Goodpasture Island Rd, Eugene OR 97401.
Thanks!