ROGUE RIVER
FAMILY PRACTICE CLINIC

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MEDICARE WELLNESS VISIT

Dear Patient,

We want you to receive wellness care—health care that may lower your risk of illness or injury. Medicare pays for most wellness care, but it does not pay for all the wellness care you might need. We want you to know about your Medicare benefits and how we can help you get the most from them.

The term "physical" is often used to describe wellness care. But Medicare does not pay for a traditional, head-to-toe physical. Medicare does pay for a wellness visit once a year to identify health risks and help you to reduce them. At your wellness visit, our health care team will take a complete health history and provide several other services:

- **Screenings** to detect depression, risk for falling and other problems,
- **A limited physical exam** to check your blood pressure, weight, vision and other things depending on your age, gender and level of activity,
- **Recommendations** for other wellness services and healthy lifestyle changes,
- **Discuss Medicare-covered services** that allow our care team to more closely monitor your health conditions and update your plan of care before office visits.

Before your appointment, our staff will ask you some questions about your health and may ask you to fill out a form to help identify your health risks.

A wellness visit does not deal with new or existing health problems. That would be a separate service and requires a longer appointment. Please let our scheduling staff know if you need the doctor's help with a health problem, a medication refill or something else. We may need to schedule a separate appointment to address problems. A separate charge applies to these services, whether provided on the same date or a different date than the wellness visit.

We hope to help you get the most from your Medicare wellness benefits. If we can answer any questions about this service, please call our office at 541-582-0505.

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Name _____ Date of Birth _____ Today's Date _____

A CHECKLIST FOR YOUR MEDICARE WELLNESS ANNUAL VISIT

Please complete this checklist before seeing your doctor or nurse practitioner. Your answers will help you receive the best health care possible.

1. During the past 4 weeks, how much have you been bothered by emotional problems such as feeling anxious, depressed, irritable, sad or downhearted and blue?
   - ☐ Not at all
   - ☐ Slightly
   - ☐ Moderately
   - ☐ Quite a bit
   - ☐ Extremely

2. During the past 4 weeks, has your physical and emotional health limited your social activities with family, friends, neighbors, or groups?
   - ☐ Not at all
   - ☐ Slightly
   - ☐ Moderately
   - ☐ Quite a bit
   - ☐ Extremely

3. During the past 4 weeks, how much bodily pain have you generally had?
   - ☐ No pain
   - ☐ Very mild pain
   - ☐ Mild pain
   - ☐ Moderate pain
   - ☐ Severe pain

4. 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

5. 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

6. 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

7. Can you shop for groceries or clothes without help? ☐ Yes ☐ No

8. Can you prepare your own meals? ☐ Yes ☐ No

9. Can you do your own housework without help? ☐ Yes ☐ No

10. Can you handle your own money without help? ☐ Yes ☐ No

11. Do you need help eating, bathing, dressing, or getting around at home? ☐ Yes ☐ No

12. During the past 4 weeks, how would you rate your health in general?
   - ☐ Excellent
   - ☐ Very good
   - ☐ Good
   - ☐ Fair
   - ☐ Poor

13. How have things been going for you during the past 4 weeks?
   - ☐ Very well—could hardly be better
   - ☐ Pretty good
   - ☐ Good and bad parts—about equal
   - ☐ Pretty bad
   - ☐ Very bad—could hardly be better

Name _____ Date of Birth _____ Today's Date _____

14. Are you having difficulties driving your car?
- ☐ Yes, often
- ☐ Sometimes
- ☐ No
- ☐ Not applicable, I do not use a car

15. Do you always fasten your seat belt when you are in a car?
- ☐ Yes, usually
- ☐ Yes, sometimes
- ☐ No

16. How often during the past 4 weeks have you been bothered by any of the following?

	Never	Seldom	Sometimes	Often	Always
Fall or dizzy when standing up	☐	☐	☐	☐	☐
Sexual problems	☐	☐	☐	☐	☐
Trouble eating well	☐	☐	☐	☐	☐
Teeth or dentures	☐	☐	☐	☐	☐
Problems using the phone	☐	☐	☐	☐	☐
Tired or fatigued	☐	☐	☐	☐	☐

17. Have you fallen 2 or more times in the past year?
☐ Yes ☐ No

18. Are you afraid of falling?
☐ Yes ☐ No

19. Are you a smoker?
☐ Yes ☐ No

20. During the past 4 weeks, how many drinks of wine, beer or other alcoholic beverages did you have?
- ☐ 10 or more per week
- ☐ 6–9 per week
- ☐ 2–5 per week
- ☐ 1 drink or less per week
- ☐ No alcohol at all

21. Do you exercise for about 20 minutes, 3 or more days a week?
- ☐ Yes, most of the time
- ☐ Yes, some of the time
- ☐ No, I usually do not exercise this much

22. Have you been given any information to help you with the following?

• Hazards in your house that might hurt you?
☐ Yes ☐ No

• Keeping track of your medications?
☐ Yes ☐ No

23. 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

24. How confident are you that you can control and manage most of your health issues?
- ☐ Very confident
- ☐ Somewhat confident
- ☐ Not very confident
- ☐ I do not have any health problems

How old are you? ☐ 65–69 ☐ 70–79 ☐ 80 or older

What is your gender? ☐ Male ☐ Female

What is your race? (check one or more than one)
- ☐ White
- ☐ Black/African American
- ☐ Asian
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ American Indian/Alaska Native
- ☐ Hispanic or Latino origin or descent
- ☐ Other