PREVENTIVE CARE

Medicare Annual Wellness Visit (Initial)

Blank documentation outlines. Adapt to the encounter and your practice requirements; complete only findings and care actually documented.

ENCOUNTER

Patient name: _____

Date of birth: _____

Date and time of encounter: _____

Clinician: _____

BEFORE THE VISIT

Eligibility and prior wellness visits checked, with source and date

Health risk assessment completed, by whom and date

HISTORY

Medical and surgical history

Family history

Current medications and supplements

Current opioid prescriptions reviewed

Substance use screening tool and result

Current providers and suppliers involved in care

MEASUREMENTS

Height, weight, body mass index and blood pressure, with units

Other measurements taken

SCREENING AND SAFETY

Cognitive assessment method and findings

Depression screening tool and result

Hearing, daily activities, fall risk and home safety findings

PREVENTION PLAN

Written screening schedule for the next 5 to 10 years

Risk factors and conditions, with interventions recommended or underway

Personalized health advice and referrals

OPTIONAL ELEMENTS

Advance care planning discussed, if the patient agreed

Physical activity and nutrition assessment tool and result, if performed

OTHER CARE TODAY

Problems addressed separately today, if any

FOLLOW-UP

Follow-up timing and purpose

Return precautions discussed

Patient questions and understanding