PREVENTIVE CARE

Medicare Annual Wellness Visit (Subsequent)

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 date of last wellness visit checked, with source

Health risk assessment updated, by whom and date

HISTORY UPDATES

Changes to medical and family history

Current medications and supplements

Current opioid prescriptions reviewed

Substance use screening tool and result

Changes to providers and suppliers involved in care

MEASUREMENTS

Weight and blood pressure, with units

Other measurements taken

SCREENING

Cognitive assessment method and findings

Depression screening tool and result, if performed

PREVENTION PLAN

Screening schedule updates

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