Einstein HEALTHCARE NETWORK

Name: _____DOB: ____/___/_____

MR: _____FIN: _____

ANNUAL WELLNESS VISIT: PROVIDER FORM

Provider Section: Every section of these forms MUST be completed and signed

Mini-Cog Test: To be completed by provider

1. **Word recollection (Banana, Sunrise, Chair)**
   Have patient repeat the 3 words, **tell them to remember them** for later (3-5 minutes)

2. **Clock drawing:**(you must observe the patient drawing the clock)
   Give the following instructions:
   1. Draw a clock **on page 2**.
   2. Set the hands to show 11:10.

3. **Word recollection:** Ask patient to repeat the words in step 1.

_____ _____ _____

Mini-Cog Scoring:

Word Recall: _____ (0-3 points	1point for each word spontaneously recalled without cueing.
Clock Draw: _____ (0 or 2 points)	2 points = Normal clock (Hand length is not scored) 0 points = Inability or refusal to draw a clock (abnormal)
Total Score: _____ (0-5 points)	Total score = Word Recall score + Clock Draw score. 0 – 3 = possible impairment 3 – 5 = suggests no impairment

Depression Screening

❑Reviewed patient-completed Depression Screening and Score. Positive findings were noted for the following:

❒ **No Positive Findings**
❒ Over the past two weeks, the patient expresses little interest or pleasure in doing things
❒ Over the past two weeks the patient has felt down, depressed or hopeless
❒ **SEE EMR for** Notes/Plan/Referrals

Chronic Conditions (check the box that apples to this visit)

❑ All Chronic Conditions and Co-morbidities ***WERE*** reviewed, documented and coded during this visit

❑ All Chronic Conditions and Co-morbidities ***WERE NOT*** reviewed, documented and coded during this visit

➔❑ **I reviewed the patient completed Health Risk Assessment (HRA), Depression Screening and Mini-Cog Assessment**

Provider Signature: _____ **Date:** _____

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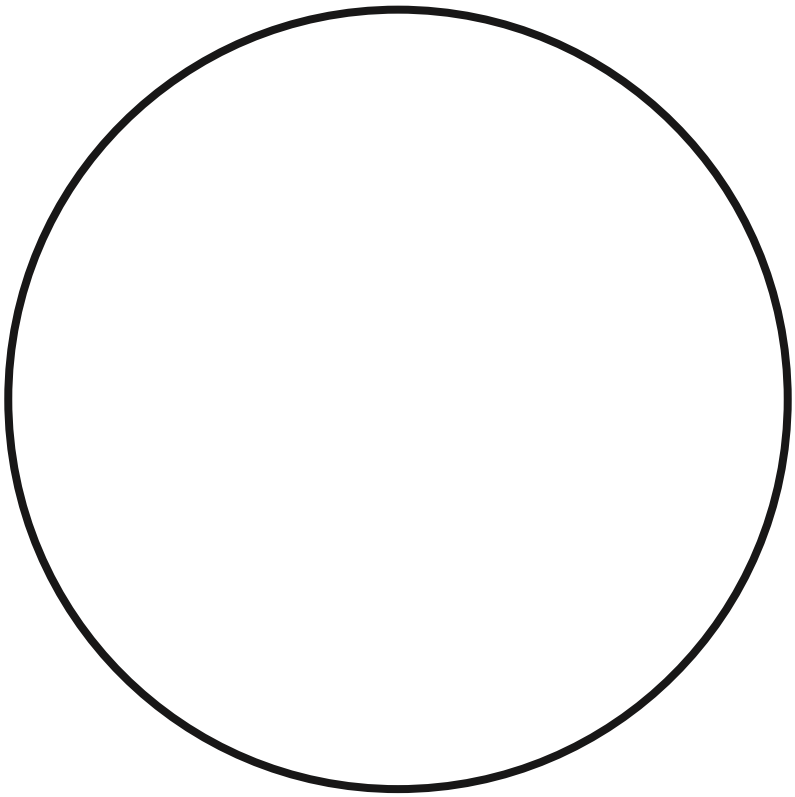
CLOCK DRAWING



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ANNUAL WELLNESS VISIT: PROVIDER FORM

PERSONAL PREVENTION PLAN (PPP)

➔(Must complete and provide a copy to the patient)

PREVENTATIVE TEST	RECOMMENDED	LAST RECEIVED	DUE
Welcome to Medicare (IPPE)	Within first 12 months on Medicare Insurance		
Yearly Wellness Exam (AWV)	Once per year		
Colorectal Screening	*Colonoscopy Screening: Aged 50 -75 years*		
	Cologuard: Every three years		
	Fit or HS-FOBT-yearly		
Cholesterol Screening	*Every 5 years with no evidence of coronary artery disease*		
Diabetes Screening	Pre-diabetic: 2 times per year		
	Non-diabetic:1 time per year		
Glaucoma Screening	Every year if considered high risk		
Depression Screening	*Every year*		
Influenza Vaccination	*Every year*		
Shingrix Vaccination	*50 years and older: Two-doses to be given two to six months apart*		
Pneumonia Vaccination	*65 years and older: Prevnar 13 and Pneumovax 23, each, once in a lifetime*		
Hepatitis B Vaccination	Persons at High Risk		
Hepatitis C Screening	*Once in a lifetime if born between 1945-1965*		
FEMALES ONLY			
Screening Pap Test	*Ages 30-65 - Cytology every 3 years or pap w HPV co-testing every 5 y*		
Mammogram	*Aged 40 and older: Annually*		
Bone Mass Measurement	Age 65 and older		
MALES ONLY			
PSA and Digital Rectal Exam	Ages 55 to 69: USPSTF recommends that men make an individual decision about prostate cancer screening with their clinician.		
AAA Screening	Men ages 65 to 75 years who smoked over 100 cigarettes in a lifetime. Screen should be once in lifetime: *The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for AAA in women ages 65 to 75 years who have ever smoked.*		
Tobacco Cessation Counseling	Up to 8 sessions per year		
Medical Nutrition Therapy	3 hours of therapy- First year 2 hours of therapy- Subsequent year		
Diabetes Self-Management Training	Recently or previously diagnosed with diabetes: Up to 10 hours within a continuous 12-month period.		

❑ **The above preventive plan was reviewed with the patient and a copy was given to the patient.**

Lcb:7/18

Providers Name: _____ **Providers Signature:** _____

✷ *Original form must be scanned into the medical record*