

Senior Patient Annual Preventive Screening Questionnaire

Patient Name: _____ Date of Birth: _____

Date of Annual Wellness Visit today: _____

Bring this completed form to review with your doctor at your **Annual Preventive Visit**. Some items may not apply to you. This visit is **NOT** a problem visit; it is strictly for annual screening. **Do not use this visit for a problem visit.** (A physical exam is **NOT** included in this visit)

Patient Questionnaire Section : **(please fill out before your visit)**

Do you have an Advanced Directive? Yes / No **Do you have a Durable Power of Attorney?** Yes / No
(*CPT II - 1158F)

(Name/Number of Power of Attorney) _____

How do you rate your health in general? Poor Fair Good Very good Excellent

Do you walk/exercise 3 or more times a week? Yes / No **Urine: Any leakage?** Yes / No *CPT II - 1090F

Do you have to strain to hear/understand conversations? Yes / No

Balance: Any falls in the past 6 months? Yes / No **Any trouble walking or standing?** Yes / No

*CPT II - 0518F

Chronic Daily Pain: rate the level of your pain: (No Pain) 0 1 2 3 4 5 (Severe)

(*none 1126F) (*chronic or daily pain present CPT II - 1125F)

Compared to a few years ago, do you have MORE trouble:

Remembering things that happened recently? Yes / No

Recalling conversations after a couple of days? Yes / No

Trouble paying bills/managing money? Yes / No

*CPT II - 3755F

Social & emotional: Do you have support from friends or family? Yes / No

(Please circle all that apply) Do you need help: eating bathing dressing or toileting
shopping, and/or cooking

Nutrition: Did you lose or gain more than 5 lbs. in the last month? Yes / No

Habits: (please check if you ...) Smoke : (#) ____/day for (#) ____ years (*1000F)

Drink Alcohol: (#) ____ per day / week / month

Does your Home have: (check all that apply)

Smoke detector working Carbon Monoxide detector working Firearms (Guns) Throw rugs

Non-slip bath mat Stairs Handrails

***** CPT II: For physician use only

Safety: Do you drive? Yes / No

Wear seatbelts in the car? Yes / No

Initial AWV G0438 /Subsequent AWV G0439

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the **last 2 weeks**, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly everyday
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed or hopeless	0	1	2	3
Trouble falling or staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself or that you are a failure or have let yourself or your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
Thoughts that you would be better off dead or of hurting yourself	0	1	2	3
<i>(Office use only) Totals</i>				
<i>(Office use only) Total score</i>				

If you checked off **ANY** problems, how **difficult** have these problems made it for you to do your work, take care of things at home, or get along with other people? (please circle)

Not difficult at all	Somewhat difficult	Very difficult	Extremely Difficult
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CPT II 3725F

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Understanding Preventative Screening Please Read and Sign

Dear Patient,

This waiver is intended to ensure that you, our valued patient, understand what will be addressed during your annual preventative appointment.

A routine Annual Preventative exam is a preventative focused screening. It is not problem focused visit.
Your scheduled appointment today is only to address your annual wellness exam.

At your preventative exam, the healthcare provider will review:

- Past medical, social and family history
- Update your charts medication list to ensure it is up to date
- Routine vaccinations that might be due
- Age and gender appropriate screening tests (i.e. annual routine bloodwork, blood pressure screening, pap smear, mammogram, colonoscopy).
- **If your results are within normal limits, we will send you your results via the pt. portal. If your screenings are not within normal limits, our staff will call you and get you on the schedule ASAP for a follow up visit with your medical provider so that you fully comprehend your results, review your treatment plan and are in agreement with the treatment plan given.**

Services that are not covered during a preventative exam include:

- New or recurring health problems and/or injuries
- Medication changes/adjustments and refills
- Problem specific referrals to specialists

By signing below, I _____ acknowledge that I have read

PRINT Patient's Name

the above information and understand that I am scheduled for my routine annual preventative exam and that I have not been scheduled for a problem visit.

Patient signature

Today's Date

Understanding your preventive care benefits



Seeing your doctor once a year for a preventive care visit (also known as an annual routine checkup) can help catch small problems before they turn into big, costly ones.

Even if you're feeling fine, scheduling an appointment with your doctor for preventive care services is important. Through a preventive exam and routine health screenings, your doctor can determine your current health status and detect early warning signs of more serious problems.

What's covered in a preventive care visit

The University of California Medicare and non-Medicare plans cover 100% of the costs for preventive health services when care is provided through network providers. (UC Care members can access preventive care through UC Select and Blue Shield Preferred providers.)

During your visit, your doctor will determine what tests or health screenings are right for you based on factors such as your age, gender, health status, and health and family history.

Examples of covered services include:




- Physical exams
- Immunizations
- Select screenings

What's not covered

If you discuss medical concerns or current illnesses, the entire visit may be considered a medical treatment visit and would not be covered as preventive care. You will be required to pay the plan's physician office copayment or coinsurance.

Preventive or not?

Here's a list of some common services that may or may not be covered during a preventive care visit. For a full list of covered services, including recommended screenings and tests by age and gender, visit [blueshieldca.com/preventive](https://www.blueshieldca.com/preventive).

Type of service	Services covered under preventive care	Services considered medical treatment requiring payment
 <p>Physical exam This exam is prevention focused, not problem focused.</p>	<p>Routine physical exams where your doctor reviews the following:</p> <ul style="list-style-type: none"> • Past medical, social, and family history • Medications • Age-/gender-appropriate screening tests 	<ul style="list-style-type: none"> • New health problems discussed with your doctor during your visit • Diagnoses that need to be addressed such as high blood pressure, diabetes, skin rash, and headaches
 <p>Immunizations Your doctor will advise on recommended immunizations that can protect against a number of serious diseases.</p>	<ul style="list-style-type: none"> • Flu vaccination • Hepatitis A & B • MMR (measles, mumps, rubella) 	<p>Many travel vaccines are not covered including:</p> <ul style="list-style-type: none"> • Typhoid • Malaria • Rabies
 <p>Screenings Your doctor will determine what tests or health screenings are needed based on your age, gender, and overall health status</p>	<ul style="list-style-type: none"> • Breast cancer mammography screenings for women over age 40 • Colorectal cancer screening for adults over age 50 • Blood pressure screening for all adults • Cholesterol screening for adults of certain ages or at higher risk 	<ul style="list-style-type: none"> • If abnormalities are found, and additional testing and follow-up procedures are needed during mammography or colorectal cancer screenings • Request for a vitamin D level check to test for bone and muscle development and function • Request for a vaccination filter test to measure the antibodies in your bloodstream to determine if you have an acceptable amount of a vaccination