Allied Pacific IPA

Member's Name: _____ Date of Birth: _____/_____/_____ Sex: Male / Female

Member ID #: _____ Health Plan: _____

## 2019 Annual Wellness Visit (AWV) – Progress Note

Date of Service_____

| VITAL SIGNS | BP: / | HR: | HT: ft. in. | WT: lbs. | BMI: |
|---|---|---|---|---|---|

| HISTORY OF PRESENT ILLNESS | PAST MEDICAL HISTORY | FAMILY MEDICAL HISTORY |
|---|---|---|
| | | |
| | | |
| | | |

**CURRENT MEDICATIONS LIST (prescription & non-prescription) or** ☐ See medication list on file ☐ Medication Reconciled & Reviewed

| | | |
|---|---|---|
| | | **Allergies medications:** |
| | | |
| | | |

**REVIEW OF SYSTEMS**

| System | Negative | Abnormal Findings |
|---|---|---|
| HEENT | ☐ | Eye pain, ear pain, neck pain, visual problems, masses, hoarseness, hearing & speech, other: |
| Respiratory | ☐ | Cough, wheezing, sputum, hemoptysis, other: |
| Cardiovascular | ☐ | Chest pain, SOB, palpitation, orthopnea, other: |
| Gastrointestinal | ☐ | Abdominal pain, nausea, vomiting, diarrhea, other: |
| Genitourinary | ☐ | Difficult or painful urination, nocturia, frequency, hematuria, other: |
| Musculoskeletal | ☐ | Joint pain, swelling, other: |
| Endocrine | ☐ | Polyuria, heat or cold intolerance, other: |
| Neurological | ☐ | Disoriented, paresthesias, weakness, gait, other: |
| Skin | ☐ | Skin breakdown, rashes, pruritis, other: |
| Psychiatric | ☐ | Fatigue, hallucinations, anxiety, depressed, other: |

**RECOMMENDED VACCINES**

| | | | |
|---|---|---|---|
| **Influenza** | Date given: _____/_____/_____ | **Zostavax** | Date given: _____/_____/_____ |
| **Pneumococcal** | Date given: _____/_____/_____ | **Other** _____ | Date given: _____/_____/_____ |

**OTHER PHYSICIANS CURRENTLY INVOLVED IN PATIENT'S CARE**

| | | | |
|---|---|---|---|
| Specialty: | **Name:** | Specialty: | **Name:** |
| Specialty: | **Name:** | Specialty: | **Name:** |

**PREVENTIVE HEALTH / CHRONIC CONDITIONS REVIEW**

| Screening | Results | Date of Screening | Next Screening Due |
|---|---|---|---|
| **Breast Cancer Screen** (MMG q 2yrs, up to age 74) | Mammogram: ☐ Normal ☐ Abnormal Findings: | | |
| **Colon Cancer Screen** (Colonoscopy within 10yrs or FOBT annually, up to age 75) | Colonoscopy: ☐ Normal ☐ Abnormal Findings:<br>FOBT: ☐ Negative ☐ Positive<br>Sigmoidoscopy: ☐ Negative ☐ Positive | | |
| **Functional Status Assessment** | IADL: ☐ Independent ☐ Dependent<br>IDL: ☐ Independent ☐ Dependent | | |
| **Pain Screening** | Pain level: 0 to 10: _____ | | |
| **Diabetes: Retinal Exam** (Dilated or Undilated) | ☐ Optometrist ☐ Ophthalmologist<br>Results: ☐ Negative ☐ Positive | | |
| **Diabetes: Urine Microalbumin test** | Urinalysis results: ☐ Negative ☐ Positive | | |
| **Diabetes: HbA1c Screening** | Lab results: | | |
| **Chronic Obstructive Pulmonary Disease (COPD)** | ☐ Spirometry Test ☐ Spirometry Test Results: _____<br>☐ Pulmonologist Consultation ☐ Pulmonary Test | | |
| **Osteoporosis** (Member has fracture within 6 months) | ☐ Bone Mineral Density; Result:_____<br>☐ Medication Treatment; Drug Name:_____ | | |

**ASSESSMENT AND TREATMENT PLAN:**

| ICD - 10 | Diagnosis | Assessment | Treatment Plan |
|---|---|---|---|
| | | ☐ Stable ☐ Unstable<br>☐ Controlled ☐ Uncontrolled | ☐ Monitor ☐ On Meds<br>☐ Other plan: _____ |
| | | ☐ Stable ☐ Unstable<br>☐ Controlled ☐ Uncontrolled | ☐ Monitor ☐ On Meds<br>☐ Other plan: _____ |
| | | ☐ Stable ☐ Unstable<br>☐ Controlled ☐ Uncontrolled | ☐ Monitor ☐ On Meds<br>☐ Other plan: _____ |

Allied Pacific IPA

Member's Name: _____ Date of Birth: _____/_____/_____

Member ID #: _____ Health Plan: _____ Sex: Male / Female

## 2019 Annual Wellness Visit (AWV) – Provider Assessment & Treatment Plan

| | Measure | Provider use: check all that apply | ICD-10 | CPT | Date of Service |
|---|---|---|---|---|---|
| 1 | Annual Wellness Visit (AWV)<br>All Medicare members | ☐ **Visit explained to patient** | **Z00.00** (w/o abnormal findings)<br>**Z00.01** (w/ Abnormal findings) | **G0402** (welcome)<br>**G0438** (initial)<br>**G0439** (subsequent) | |
| 2 | Medication Review | ☐ **Meds & their side effects reviewed w/ patient** | **Z79.899** | **1159F** (list) &<br>**1160F** (review) | |
| 3 | Functional Status Assessment | ☐ **Cognitive function assessment**<br>☐ **Able** ☐ **Unable to perform ADLs**<br>**Recommend:** ☐ **IHSS** ☐ **CBAS** ☐ **other:** | **N/A** | **1170F** (assessed) | |
| 4 | Pain Assessment | ☐ **Negative pain** ☐ **Positive pain**<br>☐ **Pain management plan** | **Z13.89** | **1126F** (- pain)<br>**1125F** (+ pain) | |
| 5 | Advance Care Planning | ☐ **Discussed advance directive with patient**<br>☐ **Advance directive filed in patient's chart**<br>☐ **Patient refused** | **N/A** | **1158F** (discussion)<br>**1157F** (plan present in medical record) | |
| 6 | Depression Screening | ☐ **PHQ9 score _____**<br>☐ **+ depression**<br>☐ **- depression**<br>☐ **Psychiatric counseling**<br>☐ **On medication**<br>☐ **Refuse medication** | **N/A (- depression)**<br>**F3__.___ (+ depression)** | **G8510** (- depression)<br>**G8431** (+ depression with follow up)<br>**G8511** (+ depression without follow up) | |
| 7 | Bladder Control Screening | ☐ **Continence** ☐ **Incontinence, will follow up** | **R32** | **1090F** (assessed)<br>**1091F** (Positive) | |
| 8 | Fall Risk Screening | ☐ **Fall prevention discussed**<br>**# of falls this year: _____** | **Z71.89 (Assessed)**<br>**or**<br>**Z91.81 (History of Falling)** | **3288F** (assessed)<br>&<br>**1100F** (2+ falls, w/ injury)<br>**1101F** (0-1 falls, w/o injury) | |
| 9 | Physical Activity Screening | ☐ **Exercise counseling**<br>☐ **Increase physical activity**<br>☐ **Maintain physical activity** | **Z71.89** | **N/A (99213)** | |
| 10 | Adult BMI Assessment | **Nutrition counseling for weight:**<br>☐ **Maintenance** ☐ **Gain** ☐ **Loss** | **Z68. ____** | **3008F** (assessed) | |
| 11 | Colon Cancer Screening<br>(Colonoscopy q 10yrs or FOBT annually, up to age 75) | ☐ **Ordering**<br>☐ **Results reviewed with patient** | **Z12.11** | **3017F** (reviewed) | |
| 12 | Breast Cancer Screening<br>(MMG q 2yrs, up to age 74) | ☐ **Ordering**<br>☐ **Results reviewed with patient** | **Z12.31** | **3014F** (reviewed) | |
| 13 | Tobacco Cessation<br>All active tobacco users only | ☐ **Smoker** ☐ **Non smoker**<br>☐ **Smoking cessation counseling** | **F17.200** | **4004F** | |
| | **#14-16 is for patients with Diabetes Mellitus only. If not applicable, skip to #17-19** | | | | |
| 14 | Diabetes:<br>Retinal Exam Annually | ☐ **Results reviewed with patient** | **E11. 9 (unspecified)**<br>**E10.____Type 1**<br>**E11.____Type 2** | **2022F** (reviewed)<br>**3072F** (negative results in previous year) | |
| 15 | Diabetes:<br>Urine Microalbumin Test | ☐ **Results reviewed with patient** | **E11. 9 (unspecified)**<br>**E10.____Type 1**<br>**E11.____Type 2** | **3060F** ( + test )<br>**3061F** ( - test ) | |
| 16 | Diabetes:<br>HbA1c Screening | ☐ **Results reviewed with patient**<br>☐ **On medication** | **E11. 9 (unspecified)**<br>**E10.____Type 1**<br>**E11.____Type 2** | **3044F** (<7%)<br>**3045F** (7-9%) | |
| | **#17 is for patients with Hypertension only. If not applicable, skip to #18-19** | | | | |
| 17 | Hypertension:<br>Controlling Blood Pressure | ☐ **Results reviewed with patient**<br>☐ **On medication** | **I10.___** | **3074F** (<130 sBP)<br>**3075F** (130-139sBP)<br>**3078F** (<80 dBP)<br>**3079F** (80-89 dBP) | |
| | **#18-19 is for patients with record of Hospital Discharge or Bone Fracture only.** | | | | |
| 18 | Medication Reconciliation Post Discharge (within 30 days) | ☐ **Reviewed with patient** | | **1111F** | |
| 19 | DEXA Scan and Order Post Fracture exam (exclude fingers/toes) / (within 6 months) | ☐ **Radiology Scan ordered** | | | |

I certify this is an outpatient record and reviewed with the member during the visit. I hereby to verify all of the above records are correct.

**Provider's Name (Print): _____ Provider's Signature:** _____