



Westchester Medical Center Health Network

Medicare Annual Wellness Visit Fact Sheet:

What is the Medicare Annual Wellness Visit?

- This visit is for talking with your healthcare provider about your medical history, your risk factors for certain diseases, your current health status and developing a plan to keep you healthy.
- Your healthcare provider may refer you for screenings and/or other services outside of the Annual Wellness Visit such as: laboratory or radiology testing

How is the Annual Wellness Visit different from other visits?

- This is not the same as a yearly physical exam.
- Your provider will not listen to your heart and lungs or perform a physical exam on you.
- We would ask that if you are not feeling well or are concerned about other health related issues that you schedule a separate appointment to address those issues.

Who pays for the Annual Wellness Visit?

- Medicare pays for the Annual Wellness Visit, with no out of pocket expense to you.
- If you receive additional services on the same day of the annual wellness you may have a co-pay or deductible for those services.

When should I schedule my Annual Wellness Visit?

- You should schedule your first “Welcome to Medicare” visit during the first 12 months that you are on Medicare. After that you should schedule this visit on a yearly basis. We suggest during the month of your birth day for easy remembering.

PLEASE NOTE: Medicare does not cover an annual physical exam – where the provider checks your heart, lungs and other parts of your body. If you choose to have a physical exam there will be a charge for the visit.

Medicare Annual Wellness Visits:

The **Annual Wellness Visit (AWV)** provides an opportunity for you the patient and your doctor to develop and update a personalized prevention plan.

This visit will include the following items:

Patient History

- We will collect and document your medical and surgical history (including illnesses, hospital stays, allergies, injuries, and treatments)
- We will document your family history
- We will document current medications and supplements
- We will review risk factors for depression
- We will review your functional ability and level of safety including: hearing impairment, performing activities of daily living, fall risk, and home safety

Focused Physical Examination

- We will obtain height, weight, body mass index (or waist circumference, if appropriate), and blood pressure
- We will assess your cognitive function

Prevention Plan, Recommendations

- We will establish a list of your current providers and suppliers involved in your care.
- We will establish a written, age appropriate screening schedule of preventive services offered by Medicare for the next 5-10 years
- We will establish a list of your risk factors and conditions as well as treatment options including associated risks and benefits
- We will provide personalized health advice and referrals for health education and preventive counseling services as needed aimed at your lifestyle as well as interventions to promote wellness such as weight loss, increased physical activity, smoking cessation, fall prevention, and improved nutrition.

Please keep in mind that a physical exam is not covered under the Medicare Annual Wellness Visit. If you have additional concerns that you would like addressed by your provider, your provider may bill for those services in addition to the Annual Wellness Visit and you will be responsible for any co-payments / co-insurances that are incurred.

Patient Name (Please Print)

Date

Patient Signature

HEALTH RISK ASSESSMENT



NAME: _____

DATE: _____

How would you rate your overall health?

Excellent Very Good Good

Fair Poor

Diet/Lifestyle:

How many servings of fruits and vegetable do you have per day? _____

How many servings of fried or high fat foods do you eat per day? _____

Do you see the dentist regularly?

YES NO

How many days a week do you exercise? _____

How intense is the exercise?

- Light (such as stretching or slow walking)
- Moderate (such as brisk walking)
- Heavy (such as jogging, swimming)
- Very heavy (such as fast running, climbing)
- I'm currently not exercising

Do you smoke?

YES NO

Do you drink alcoholic beverages?

YES

Alcohol Risk Factor Screening:

During the past 3 months how many times have you consumed more than 3 drinks containing alcohol?

Do you average more than 7 drinks per week?

YES NO

Functional Ability and Level of Safety?

Are you afraid of Falling? YES NO

Do you have rugs in the hallway?

YES NO

Do you have poor lighting in hallway?

YES NO

Do you have grab bars in bathroom?

YES NO

Do you have handrails on the stairs?

YES NO

Do you wear a seat belt while in a motor vehicle?

YES NO

Self Care:

Do you have difficulties driving a car?

YES NO

Can you shop for groceries without help?

YES NO

Do you prepare your own meals?

YES NO

Do you perform housework without help?

YES NO

Do you handle money without help?

YES NO

Do you take medicines as prescribed?

YES NO

Do you worry about any hazards in your home?

YES NO

Do you feel that you can keep adequate track of your medications?

YES NO