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ledicare Par ligibility Dat		Date of Last Exam:		te of Last PE or AWV:	· · ·	Sex:	Date:		
Vital signs:	lt: Wt:	Waist" or	BMI: BP:		Temp:	Pulse Rate:	Blood Type	C.	
Special Acco leeded:	modations						ı		
	d patient-completed ind and include:	lividual and family	/ history with p	atient. Sign	ificant findings	and/or chang	ges were no	ted on pat	ient's
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	d patient's <b>chronic and</b> blem list and include:	acute problem lis	st and risk fact	ors with pat	tient. Significa	nt findings and	d/or changes	s were not	ed on
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Reviewed medication list with patient and updated. Significant findings and/or changes were noted on patient's medication list and include:  See continuation sheet? Yes_No  Reviewed hospitalization list with patient and updated. Significant findings and/or changes were noted on patient's hospitalization list and include:  See continuation sheet? Yes_No  Assessment of any Cognitive Impairment:  General appearance:  Mood/affect:  Input from others:  Patient cognitive impairment tested with CANS-MCI® Yes_No (If Yes remember 96103 & 96120)  If yes, results:  Notes and plan:  See continuation sheet? Yes_No	Patient Name:		DOB:		Chart #		
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Notes and plan:							
	Notes and plan:						

See continuation sheet?

Yes\_

No

atient Name:	First	MI	DOB:		Chart #		
dvance Care Planning: (At discrete Patient was offered the opportunity to	ion of patient)	ce care	nlanning.	Yes	No		
Does patient have an Advance Direction	ctive:Yes	1	√o	100			
If no, did you provide information on	Caring Connecti	ons? _	Yes	No			
Notes and plan:							
					0	V	Λ/.
					See continuation sheet?	Yes	N
KG Results: (Not mandatory)							
					See continuation sheet?	Yes	N
ther Relevant Findings:							
<b></b>							
Notes and plan:							
					See continuation sheet?	Yes	N
					See continuation sneet?	<i>i</i> &S	11(

Provider's Signature: \_\_\_\_\_\_Date: \_\_\_\_\_

Patient Name:_			DOB:	Chart #	
	Last,	First	MI		

## **Schedule of Personalized Health Plan**

(Provide Copy to Patient)

Service	Medicare Coverage Requirements	Date of Most Recent Service	Provider Recommendation	Date Scheduled
Vaccines				
Pneumococcal (once after 65)				
• Influenza (annually)				
Hepatitis B (if medium/high risk)	Medium/high risk factors: Endstage renal disease Hemophiliacs who received Factor VIII or IX concentrates Clients of institutions for the mentally retarded Persons who live in the same house as a HepB virus carrier Homosexual men Illicit injectable drug abusers			
Mammogram (biennial age 50-74)	Annually (age 40 or over)			
Pap and pelvic exams (up to age 70 and after 70 if unknown history or abnormal study last 10 years)	Every 24 months except high risk			
Prostate cancer screening (annually to age 75) Digital rectal exam (DRE) Prostate specific antigen	Annually (age 50 or over), DRE not paid separately when covered E/M service is provided on same date			
Colorectal cancer screening (to age 75)				
Fecal occult blood test (annual)     Flexible sigmoidoscopy (5y)     Screening colonoscopy (10y)     Barium enema				
Diabetes self- management training (no USPSTF recommendation)	Requires referral by treating physician for patient with diabetes or renal disease.  10 hours of initial DSMT sessions of no less than 30 minutes each in a continuous  12-month period. 2 hours of follow-up DSMT in subsequent years.			

Patient Name:_				DOB:	Chart #
	Last,	First	MI		

Bone mass measurements (age 65 & older, biennial)	Requires diagnosis related to osteoporosissis or estrogen deficiency. Biennial benefit unless patient has history of long-term glucocorticoid use or baseline is needed		
Glaucoma screening (no USPSTF recommendation)	Diabetes mellitus, family history African American, age 50 or over Hispanic American, age 65 or over		
diabetes or renal disease (no recommended schedule)	Requires referral by treating physician for patient with diabetes or renal disease. Can be provided in same year as diabetes selfmanagement training (DSMT), and CMS recommends medical nutrition therapy take place after DSMT. Up to 3 hours for initial year and 2 hours in subsequent years.		
Cardiovascular screening blood tests (every 5 years)  • Total cholesterol  • High-density lipoproteins  • Triglycerides			
(at least every 3 years, Medicare covers annually or at 6-month intervals for pre-diabetic patients) • Fasting blood sugar (FBS) or glucose tolerance test (GTT)	Patient must be diagnosed with one of the following:  Hyper tension  Dyslipidemia  Obesity (BMI >30 kg/m2)  Previous elevated impaired FBS or GTT or any two of the following:  Over weight (BMI >25 but <30)  Family history y of diabetes  Age 65 years or older  History of gestational diabetes or birth of baby weighing more than 9 pounds		
screening (once)	Patient must be referred through IPPE and not have had a screening for abdominal aortic aneurysm before under Medicare. Limited to patients who meet one of the following criteria:  • Men who are 65-75 years old and have smoked more than 100 cigarettes in their lifetime  • Anyone with a family history of abdominal aortic aneurysm  • Anyone recommended for screening by the USPSTF		
increased risk patients) • HIV-1 and HIV-2 by EIA, ELISA, rapid antibody test	Patient must be at increased risk for HIV infection per USPSTF guidelines or pregnant. Tests covered annually for patients at increased risk. Pregnant patients may receive up to 3 tests during pregnancy.		

Patient Name:		DOB:	(	Chart #	
Last,	First MI				
	Patients must be a smoker.				
counseling					
(up to 8 sessions per year)					
<ul> <li>Counseling greater than</li> </ul>					
3 and up to 10 minutes					
<ul> <li>Counseling greater than</li> </ul>					
10 minutes					
	At least 12 months since last IP	PE or AWV			
wellness visit					
Other based on patient's					
risk factors:					
Other based on patient's					
risk factors:					
Other based on patient's					
risk factors:					
Other based on patient's					
risk factors:					
Other based on patient's					
risk factors:					
Provider's Signature:			Date:		