

# Medicare Annual Wellness Visit - Health Assessment



Patient name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Service: \_\_\_\_\_

*Please complete this form. Your responses will help us provide you with the best care that meets your needs.*

## Physical Activity

In the past 2 weeks, how many days did you exercise?

- Everyday
- 0 days
- 1-2 days
- 3-5 days

If you exercised, how intense was your typical activity?

- Light (like stretching or slow walking)
- Moderate (like brisk walking)
- Heavy (like jogging, swimming or biking)

## Falls/Ambulatory Status

Are you afraid of falling?

- Yes
- No

## Emotional/Social Support

In the past 4 weeks, has your physical or emotional health limited your social activities?

- Slightly
- Moderately
- Quite a bit
- Extremely

How often is stress a problem when performing activities such as: work, health, finances, family or social events?

- Never
- Rarely
- Sometimes
- Often
- Always

## Nutrition

What is your typical diet?

- Heart healthy (lots of fruit, veggies, whole grains)
- Regular (meat, potatoes, some veggies)
- Vegetarian or Vegan
- Fast food, restaurant or TV dinners

How would you describe the condition of your mouth and teeth, including dentures?

- Very good
- Good
- Fair
- Poor

## Sleep

On average, how many hours of sleep do you get each night?  
\_\_\_\_\_ hours

## Safety

Are you having difficulties driving your car?

- Yes
- No
- I do not drive

Do you always fasten your seatbelt?

- Yes
- No

## Medication Management

How often do you have trouble taking medications the way you have been instructed to take them?

- I do not take prescription medications
- I always take my medications as prescribed
- I sometimes take my medications as prescribed
- I seldom take my medications as prescribed
- I can't afford my medications

## General Health

How confident are you that you can control and manage most of your health problems?

- Very confident
- Somewhat confident
- Not very confident
- I do not have any health problems

In the past 4 weeks, how you would rate your health in general?

- Excellent
- Very good
- Good
- Fair
- Poor

Additional Comments?

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Reviewed by: \_\_\_\_\_