

Dear Patient:

You are scheduled for a Medicare Wellness Visit this week. This visit is a yearly appointment with your primary care provider (PCP) to create or update a personalized prevention plan. This plan may help prevent illness based on your current health and risk factors. Keep in mind that the Wellness Visit is not a head-to-toe physical but rather an opportunity to work with your health care provider on a wellness plan.

In preparation for your visit we would like to provide you with an outline of some of the things that we will discuss at your visit. Please use this to prepare for your upcoming visit. Thank you.

MEDICARE WELLNESS VISIT:

- A. Have there been any changes in your medical history in the last year? Have you been diagnosed with any new health conditions?
- B. Please have your current medications in their original bottles by the phone at the time of your visit.
- C. What doctors/health care providers have you seen in the last year to help manage your health? Please list:
- D. Have there been any changes in your family history? Has anyone been diagnosed with heart disease, colon cancer or breast cancer or other conditions?
- E. Do you smoke? Do you drink alcohol?
- F. Do you or anyone in your family have concerns about your memory?
- G. Do the stairs in your home have railings? Do you have grab bars in your bathrooms?
- I. Do you live alone? If you are in relationship, do you feel safe?
- J. Do you have any concerns about your hearing? Or vision?
- L. Do you need help with shopping or cooking or bathing or taking your medications?
- M. Have you fallen in the last 6 months?
- N. Do you have a health care proxy?

Depression Screening:

Over the past 2 weeks, have you experienced having little interest or pleasure in doing things? Yes or No

Over the past 2 weeks, have you been feeling down, depressed or hopeless?
Yes or No

If you answered yes to either of these questions please complete the following questions:

In depth depression screening:

0=Not at all

1=Several Days

2=More than half the days

3=Nearly Every Day

1. Little interest or pleasure in doing things 0 1 2 3

2. Feeling down, depressed, or hopeless 0 1 2 3

3. Trouble falling or staying asleep, or sleeping too much 0 1 2 3

4. Feeling tired or having little energy 0 1 2 3

5. Poor appetite or overeating 0 1 2 3

6. Feeling bad about yourself or that you are a failure or have let yourself or your family down 0 1 2 3

7. Trouble concentrating on things, such as reading the newspaper or watching television 0 1 2 3

8. 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

9. Thoughts that you would be better off dead, or of hurting yourself 0 1 2 3

At the time of your visit based on our discussion of the information above, we will make a personalized health plan for you for the coming year. You can take notes on the area below.

My personal health goal for this year:

Advanced Care Planning:

My health care proxy-

Here is a link for the Health care proxy form if you need to complete:

[http://www.massmed.org/Patient-Care/Health-Topics/Health-Care-Proxies-and-End-of-Life-Care/Massachusetts-Health-Care-Proxy---Information,-Instructions-and-Form-\(pdf\)](http://www.massmed.org/Patient-Care/Health-Topics/Health-Care-Proxies-and-End-of-Life-Care/Massachusetts-Health-Care-Proxy---Information,-Instructions-and-Form-(pdf))

Massachusetts Medical Orders for Life Sustaining Treatments form:

<http://molst-ma.org/sites/molst-ma.org/files/MOLST%20Form%20and%20Instructions%208.10.13%20FINAL.pdf>

My Personal Activity Plan:

I am due for the following vaccines:

I am due for the following preventative screening:

We look forward to talking with you. Take care and be well.