**Patient Name:** **Gender:** **Date of Service:**
**DOB:** **Age:** **Race/Ethnicity:**
**Next Due Date:**

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# ANNUAL WELLNESS VISIT 2022 (FFS)

**Vital signs:** **BP:** _____ **P:** _____ **T:** _____ **R:** _____ **Ht:** _____ **Wt:** _____ **BMI:** _____ **Pulse Ox:** _____

**Reason for Appointment:** ☐ Initial Annual Wellness Visit ☐ Subsequent Annual Wellness Visit

**Medical History: Does patient have/have history of any of the following** *(check all that apply)*

| Conditions | | Conditions | | Conditions | |
|---|---|---|---|---|---|
| **Circulatory System** | | ☐ Diabetic Cataract | **(E11.36)** | **Oncology/Hematology** | **(C-code)** |
| ☐ AAA> 3cm | **(I71.4)** | ☐ Diabetic Macular Edema | **(E11.311)** | ☐ Cancer; type: | |
| ☐ Aortic Tortuosity/Stricture/Ectasia | **(I77.819)** | ☐ Diabetic Retinopathy | **(E11.319)** | Adjuvant therapy: Y / N | |
| ☐ Atherosclerosis of Extremities; specify location and type: _____ | **(I70.2x)** | ☐ Proliferative Diabetic Retinopathy | **(E11.359)** | Is patient opting out of treatment: Y / N | |
| ☐ Atherosclerotic Hrt Dis of Native Coronary Artery or CABG w/Angina | **(I25.119)** | ☐ Diabetic PVD | **(E11.51)** | Mets: Y / N; specify: | |
| ☐ Atherosclerosis of Aorta | **(I70.0)** | ☐ Diabetic Gangrene | **(E11.5)** | **Ophthalmology** | |
| ☐ Atherosclerosis of Renal Artery | **(I70.1)** | ☐ **Diabetes w/other complications** | **(E11.69)** | ☐ Glaucoma; type: _____ | **(H40.1x)** |
| ☐ Peripheral Vascular Disease | **(I73.9)** | ☐ Diabetic Atherosclerosis | **(I70.2x)** | **Pulmonary** | |
| ☐ Phlebitis and Thrombophlebitis of deep vessels of lower extremity | **(I80.209)** | ☐ Diabetic CAD | **(I25.10)** | ☐ Asthma; severity: _____ | **(J45.x)** |
| ☐ Varicose Veins with ulceration; location: _____ | **(I83.0x)** | ☐ Diabetic CABG | **(Z95.1)** | ☐ Chronic Bronchitis | **(J42)** |
| ☐ Angina Pectoris; (even if controlled by meds) | **(I20.9)** | ☐ Diabetic s/p PTCA | **(Z98.61)** | ☐ Chronic Respiratory Failure ($O_2$Sat<88%) | **(J96.10)** |
| ☐ Atrial Fibrillation | **(I48.91)** | ☐ Diabetic Erectile Dysfunction | **(N52.9)** | ☐ COPD/Chronic Obstructive Asthma | **(J44.9)** |
| ☐ Atrial Flutter | **(I48.92)** | ☐ Diabetic Hyperlipidemia | **(E78.5)** | ☐ Emphysema | **(J43.9)** |
| ☐ PSVT | **(I47.1)** | ☐ Diabetic Onychomycosis | **(B35.1)** | **Psychiatry** | |
| ☐ Sick Sinus Syndrome/SA Node Dysfunction | **(I49.5)** | ☐ Diabetic Ulcer Location & Stage: | **(L89.x)** | ☐ Alcohol Dependence/Intoxication (even in remission) | **(F10.20)** |
| ☐ Heart Failure; specify: _____ | **(I50.x)** | ☐ Hyper- or Hypo- Parathyroidism | **(E2x.x)** | ☐ Substance Use Disorder (not valid if pt on pain management or under MD supervision) | **(F11.x-F19.x)** |
| ☐ Hyperlipidemia | **(E78.5)** | ☐ Malnutrition; specify: | **(E4x)** | ☐ Bipolar Disorder | **(F31.9)** |
| ☐ Hypertension: Essential (Primary) | **(I10)** | ☐ Morbid Obesity (BMI>40) | **(E66.01)** | ☐ Major Depression; Single Episode severity: _____ | **(F32.x)** |
| ☐ Hypertensive Heart Disease with Heart Failure | **(I11.0)** | ☐ BMI 40.0-44.9 | **(Z68.41)** | ☐ Major Depression; Recurrent Episode severity: _____ | **(F33.x)** |
| ☐ Hypertensive Heart Disease without Heart Failure | **(I11.9)** | ☐ BMI 45.0-49.9 | **(Z68.42)** | ☐ Schizophrenia | **(F20.9)** |
| ☐ Hypertensive CKD Stage 1-4 | **(I12.9)** | ☐ BMI 50.0-59.9 | **(Z68.43)** | **Rheumatology** | |
| ☐ Hypertensive CKD Stage 5 or ESRD | **(I12.0)** | ☐ BMI 60.0-69.9 | **(Z68.44)** | ☐ Osteoporosis | **(M81.0)** |
| ☐ Hypertensive Heart Disease and CKD Stage 1-4 with Heart Failure | **(I13.0)** | ☐ BMI 70.0 & over | **(Z68.45)** | ☐ Pathologic Vertebral Fx | **(M48.57XA)** |
| ☐ Hypertensive Heart Disease and CKD Stage 1-4 without Heart Failure | **(I13.10)** | ☐ Obesity hypoventilation syndrome | **(E66.2)** | ☐ Rheumatoid Arthritis | **(M06.9)** |
| ☐ Hypertensive Heart Disease and CKD Stage 5 or ESRD without Heart Failure | **(I13.11)** | **Gastroenterology** | | **Skin & Subcutaneous Tissue** | |
| ☐ Hypertensive Heart Disease and CKD Stage 5 or ESRD with Heart Failure | **(I13.2)** | ☐ Alcoholic Liver Disease | **(K70.9)** | ☐ Non-Pressure Ulcer: Y / N Location: | **(L97.x)** |
| ☐ Old MI (>8 weeks) | **(I25.2)** | ☐ Chronic Hepatitis | **(K73.9)** | ☐ Pressure Ulcer: Y / N Location/Stage: | **(L89.x)** |
| ☐ Primary Pulmonary Hypertension | **(I27.0)** | ☐ Chronic Viral Hepatitis | **(B18.9)** | **Status** | |
| ☐ Secondary Hypertension | **(I15.9)** | ☐ Cirrhosis | **(K74.60)** | ☐ Amputation; site: ____ | **(Z89.x)** |
| **Endocrinology/Metabolic** | | ☐ Fecal Impaction | **(K56.41)** | ☐ Ostomy; type: _____ | **(Z93.x)** |
| ☐ Long term Insulin use | **(Z79.4)** | ☐ Crohn's Disease | **(K50.90)** | ☐ Transplant; type: _____ | **(Z94.x)** |
| ☐ Diabetes Mellitus w/o complications | **(E11.9)** | ☐ Ulcerative Colitis | **(K51.90)** | **Other** | |
| ☐ Diabetic Nephropathy | **(E11.21)** | **Genitourinary System** | | 1. | |
| ☐ Diabetic CKD | **(E11.22)** | ☐ CKD 3 | **(N18.3)** | 2. | |
| ☐ CKD stage 3 | **(N18.3)** | ☐ CKD 4 | **(N18.4)** | 3. | |
| ☐ CKD stage 4 | **(N18.4)** | ☐ CKD 5 | **(N18.5)** | 4. | |
| ☐ CKD stage 5 | **(N18.5)** | ☐ Dialysis Non-Compliance | **(Z91.15)** | 5. | |
| ☐ Diabetic Neuropathy | **(E11.42)** | ☐ ESRD | **(N18.6)** | | |
| ☐ Diabetic Gastroparesis | **(E11.43)** | ☐ Peritoneal Dialysis | **(Z49.01)** | | |
| | | ☐ Renal Dialysis | **(Z99.2)** | | |
| | | **Neurology** | | | |
| | | ☐ Alzheimer's Disease | **(G30.x)** | | |
| | | ☐ Migraines; type: _____ | **(G43.x)** | | |
| | | ☐ Old CVA; late effects: _____ | **(I69.x)** | | |
| | | ☐ Parkinson's Disease | **(G20)** | | |
| | | ☐ Seizure or Epilepsy | **(G40.x)** | | |

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| **Family History:** | **Relationship: (circle)** |
|---|---|
| ☐ Alcohol Dependence/Intoxication | Mother/Father/Sister/Brother/other: |
| ☐ Asthma/COPD | Mother/Father/Sister/Brother/other: |
| ☐ Cancer; type: _____ | Mother/Father/Sister/Brother/other: |
| ☐ Coronary Artery Disease | Mother/Father/Sister/Brother/other: |
| ☐ Major Depression/Suicide | Mother/Father/Sister/Brother/other: |
| ☐ Diabetes Mellitus; type: | Mother/Father/Sister/Brother/other: |
| ☐ Glaucoma | Mother/Father/Sister/Brother/other: |
| ☐ Hyperlipidemia | Mother/Father/Sister/Brother/other: |
| ☐ Hypertension | Mother/Father/Sister/Brother/other: |
| ☐ Stroke | Mother/Father/Sister/Brother/other: |
| ☐ Other Hereditary Medical Events: | Mother/Father/Sister/Brother/other: |

**Surgical/Hospital History:**

**List of current Providers/Suppliers (Pharmacy) regularly involved in member's medical care:**

_____

**Allergies:**

**Current Medications: (please list all known prescriptions, over-the-counters, herbals and vitamin/mineral/dietary (nutritional) supplements AND dosages, frequency and route of administration)**

☐ No current medications
☐ Please see attached medication list
☐ Provider reviewed and reconciled medication list

_____
_____
_____
_____
_____
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_____
_____

☐ Opioid User Identified
☐ No new treatment options required
☐ Risks & Benefits for new treatment option(s) discussed with patient. Please list treatment options (i.e. new medications prescribed, non-opioid pain treatments, dialysis treatment, etc.) below.
☐ Treatment options offered and patient declined

| Treatment Options |
|---|
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

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**Please check any that applies ☐HMO ☐Hospice ☐ESRD ☐Permanent NH ☐Expired Date:**

# APA ACO QUALITY MEASURE CHECKLIST

| Measure Name | Last DOS Performed | Documented ✓ | CPT/ICD-10 Codes |
|---|---|---|---|
| **Falls:** Screening for Future Fall Risk (2022)<br><br>*(Adults 65+)* | | Pt screened or assessed for history of falls:<br>☐ 0-1 falls ☐ 2 or more falls or *any* fall with injury | **1101F** (0-1 falls)<br>**1100F** (2+ falls or any fall with injury) |
| ***Diabetes Type 1 or 2:* HbA1c Poor Control >9.0%** (2021-2022)<br><br>*(Adults 18-75)* | | ☐ Diabetes Type 1 or 2 diagnosis; *and*<br>☐ Most recent HbA1c result is: | **ICD-10 (Diabetes): Ell.___**<br>**3046F** (most recent HbA1c >9.0%) |
| ***Essential or Primary Hypertension:* Controlled BP <140/90 mmHg**<br>HTN diagnosis w/in first 6 months of 2022 or before 2022, continuing into 2022.<br><br>*(Adults 18-85)* | | ☐ Essential or Primary Hypertension diagnosis; *and*<br>☐ Most recent BP reading is: | **ICD-10 (HTN): I10**<br>**G8752** (Systolic BP < 140mmHg)<br>**G8754** (Diastolic BP < 90mmHg) |
| **Major Depression/Dysthymia Remission** (PHQ-9 < 5) at 12 mo.<br><br>*(Adults 18+ or 12-17 y.o)* | | ☐ Major Depressive Disorder diagnosis; *or*<br>☐ Dysthymia Disorder diagnosis; *and*<br>☐ PHQ-9 >9 (11/1/20-10/31/21); *and*<br>☐ f/u PHQ-9 <5 at 12 months +/- 60 days | **ICD-10 (MDD): F33.____**<br>**ICD-10 (Dysthymia): F34.1____**<br>**G9509** (remission at 12 months) |
| **Breast Cancer Screen** (on or between 10/1/20-12/31/22)<br><br>*(Women 50-74)* | | ☐ Report attached; *and*<br>☐ Normal ☐ Abnormal | **3014F** (results documented & reviewed) |
| **Colorectal Cancer Screen** (2022 or indicated timeframe)<br>Fecal occult blood; *or*<br>Flexible Sigmoidoscopy (2018-2022); *or*<br>Colonoscopy (2013-2022); *or*<br>CT colonography (2018-2022); *or*<br>Fecal immunochemical DNA test (FIT-DNA) (2020-2022)<br><br>*(Adults 50-75)* | | ☐ Report attached; *and*<br>☐ Normal ☐ Abnormal<br>☐ Normal ☐ Abnormal<br>☐ Normal ☐ Abnormal<br>☐ Normal ☐ Abnormal<br>☐ Normal ☐ Abnormal | **3017F** (screening results documented and reviewed) |
| **Vaccinations**<br>Influenza (8/1/22-3/31/23)<br><br>*(6mo+)* | | ☐ Influenza vaccine received<br>☐ Patient reported receipt of Influenza Immunization<br>☐ Patient declined Influenza Immunization | **G8482** (Influenza vaccine administered or previously received) |
| **Tobacco Use:** Screened at least once during 2022 and received cessation intervention (within the previous 12 months) if positive tobacco user<br><br>*(Adults 18+)* | | ☐ Tobacco user<br>☐ Tobacco cessation intervention given<br>☐ Tobacco non-user | **4004F** (screened for tobacco use & received cessation intervention)<br>**1036F** (current tobacco non-user) |
| **Clinical Depression Screening and Follow-Up Plan** if positive (2021)<br><br>*(12 y.o+)* | | ☐ Negative PHQ-9 ☐ Positive PHQ-9<br>☐ Follow-Up Plan if positive: referral for additional evaluation given for depression/medication/other intervention<br>☐ Patient refused Depression Screening | **G8431** (positive screening & f/u plan documented)<br>**G8510** (negative screening documented, f/u plan not required) |
| **Cardiovascular Disease:**<br>Previous or current diagnosis of ASCVD or ASCVD procedure<br>Familial Hypercholesterolemia or fasting or direct LDL-C >= 190 mg/dL (Adults 20+); *or*<br>Diabetes Type 1 or Type 2 (Adults 40-75)<br><br>**Who were prescribed or were on Statin Therapy in 2022** | | ☐ Atherosclerosis Cardiovascular Disease or procedure; or<br>☐ Familial Hypercholesterolemia diagnosis; *or*<br>☐ LDL-C result is:<br>☐ *or* Diabetes Type 1 or Type 2 diagnosis (2022)<br><br>☐ *and* Statin Therapy Rx | **G9664** (current statin therapy users or received a prescription for statin therapy) |

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# Health Risk Assessment/Individualized Care Plan

*(Please keep on file and provide member with a copy)*

## WELL BEING:

**1. Considering your age, how would you describe your overall physical health?** ☐Excellent ☐Good ☐Fair ☐Poor

**2. In general, how satisfied are you with your life?** ☐ Mostly satisfied ☐ Partly satisfied ☐ Not satisfied

**3. Do you have a history of depression or mood disorders?** ☐Yes or ☐ No

## BEHAVIORAL:

**1. Do you use tobacco?** ☐ Tobacco user ☐ Tobacco non-user

# of packs per year _____ Year Quit _____

**2. Do you drink alcohol?** ☐Yes or ☐ No # of drinks per week _____

**3. Do you use recreational drugs?** ☐Yes or ☐ No Specify:_____

**4. How many times a week do you engage in physical activity?** ☐0 ☐ 1-3 ☐ 4-5 ☐ 6 or more

**5. Describe your nutrition/diet:**

## ACTIVITY OF DAILY LIVING:

**1. Do you have any difficulty doing any of the following activities by yourself?** ☐ Yes ☐ No
☐Dressing ☐Prepare food ☐Feeding ☐Bathing ☐Using the toilet ☐ Grooming ☐ Walking ☐Getting to and from bed or chair ☐Shopping ☐Using a phone ☐Housekeeping (laundry) ☐Paying bills ☐Taking medications
☐Using transportation - Specify mode:

## FUNCTIONAL ASSESSMENT/RISK:

**1. Do you have difficulty with your hearing?** ☐Yes or ☐No

**2. Do you have difficulty with your vision/eyesight?** ☐Yes or ☐No

**3. Do you feel safe at home?** ☐Yes or ☐No

**4 How many times have you fallen in the past 12 months?** ☐ 0 ☐1-2 ☐3-4 ☐ 5 or more Any major injuries? ☐Yes or ☐No

**5. Do you have an advance directive or POLST?** ☐Yes or ☐No If Yes, Date:
If No, discussed with member? ☐Yes or ☐No

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| Diagnosis/Risk Factors (including mental conditions) | **Plan: M.E.A.T**<br>**M**onitor: continue to monitor, continue to follow w/specialist<br>**E**valuate: order labs, evals, tests<br>**A**ssess: new, stable, improved, worsening, resolved<br>Treat: start/continue (name of meds), order PT/OT, perform procedure or educate/counsel |
|---|---|
| | **M:**<br>**E:**<br>**A:**<br>**T:** |
| | **M:**<br>**E:**<br>**A:**<br>**T:** |
| | **M:**<br>**E:**<br>**A:**<br>**T:** |
| | **M:**<br>**E:**<br>**A:**<br>**T:** |
| | **M:**<br>**E:**<br>**A:**<br>**T:** |

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| Office Use Only | | | | |
|---|---|---|---|---|
| **Six Item Cognitive Impairment Test** (6CI) | | | | |
| **1** | Ask patient to remember three words<br>• **Apple**<br>• **Table**<br>• **Penny** | Make sure patient can repeat three words properly and inform him/her that you will ask to repeat later. | Yes | No |
| | | | | **Score** |
| **2** | What year is this? | ☐ Correct (0 pts.) ☐ Incorrect (3 pts.) | | |
| **3** | What month is this? | ☐ Correct (0 pts.) ☐ Incorrect (3 pts.) | | |
| **4** | What is the day of the week? | ☐ Correct (0 pts.) ☐ Incorrect (4 pts.) | | |
| **5** | Repeat information from #1 | ☐ Correct (0 pts.) ☐ 1 error (3 pts.) ☐ 2 errors (4 pts.)<br>☐ 3 errors (6 pts.) ☐ 4 errors (8 pts.) ☐ All incorrect (10 pts.) | | |
| | | **Add all scores for Total** | | |

# DEPRESSION SCREENING

**(PHQ-9) Risk for Depression Screening**: *Please complete the following questionnaire.*

| **Over the last two weeks, how often have you been bothered by any of the following problems?** *(Use "X" to indicate your answer)* | **Not at all** | **Several days** | **More than half the days** | **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 in some way | 0 | 1 | 2 | 3 |



**Add columns:**
TOTAL: _____

**Diagnosis (Must Check One)**
- ☐ (0-4) No Depression
- ☐ (5-9) Mild Depression
- ☐ (10-14) Moderate Depression
- ☐ (15-19) Moderately Severe Depression
- ☐ (20-27) Severe Depression

**Plan (Must Check All that Apply)**
- ☐ No treatment required/Observation
- ☐ Prescribe medications
- ☐ Consultations
- ☐ Specialist Referral
- ☐ Others; specify _____

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