

# MEDICARE INITIAL PREVENTIVE PHYSICAL EXAMINATION ENCOUNTER FORM

Patient's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Medical record #: \_\_\_\_\_  
Medicare B eligibility date: \_\_\_\_\_ Date of exam: \_\_\_\_\_ Date of last exam: \_\_\_\_\_

## MEDICAL/SOCIAL HISTORY

Past personal illnesses or injuries:

Injury or illness	Date	Hospitalized?	Drug allergies: _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	Tobacco use: _____
_____	_____	_____	_____
_____	_____	_____	Alcohol use: _____

Medications, supplements and vitamins:

\_\_\_\_\_  
\_\_\_\_\_ Drug use: \_\_\_\_\_

Social history notes (including diet and physical activities):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family history notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DEPRESSION SCREEN

1. Over the past two weeks, have you felt down, depressed or hopeless?  Yes  No
2. Over the past two weeks, have you felt little interest or pleasure in doing things?  Yes  No

## FUNCTIONAL ABILITY/SAFETY SCREEN

1. Was the patient's timed Up & Go test unsteady or longer than 30 seconds?  Yes  No
2. Do you need help with the phone, transportation, shopping, preparing meals, housework, laundry, medications or managing money?  Yes  No
3. Does your home have rugs in the hallway, lack grab bars in the bathroom, lack handrails on the stairs or have poor lighting?  Yes  No
4. Have you noticed any hearing difficulties?  Yes  No

Hearing evaluation: \_\_\_\_\_

A "yes" response to any of the questions regarding depression or function/safety should trigger further evaluation.

## PHYSICAL EXAMINATION

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood pressure: \_\_\_\_\_ BMI: \_\_\_\_\_  
Visual acuity: L \_\_\_\_\_ R \_\_\_\_\_

## ELECTROCARDIOGRAM

Referral or result: \_\_\_\_\_

EVALUATIONS/REFERRALS BASED ON HISTORY, EXAM AND SCREENING: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DISCUSSION OF ADVANCE DIRECTIVE (PATIENT PREFERENCE, PHYSICIAN AGREEMENT/DISAGREEMENT): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## MEDICARE INITIAL PREVENTIVE PHYSICAL EXAMINATION ENCOUNTER FORM continued

Create two copies of this page: one for your charts and one to give to your patient.

### COUNSELING AND REFERRAL OF OTHER PREVENTIVE SERVICES

Service	Limitations	Recommendation	Scheduled
<b>Vaccines</b> <ul style="list-style-type: none"> <li>• Pneumococcal</li> <li>• Influenza</li> <li>• Hepatitis B (if medium/high risk)</li> </ul>	No deductible/no co-pay  Medium/high-risk factors: <ul style="list-style-type: none"> <li>• End-stage renal disease</li> <li>• Patients with hemophilia who received Factor VIII or IX concentrates</li> <li>• Clients of institutions for the mentally retarded</li> <li>• Persons who live in the same house as a carrier of Hepatitis B virus</li> <li>• Homosexual men</li> <li>• Abusers of illicit injectable drugs</li> </ul>		
<b>Mammogram</b>			
<b>Pap and pelvic exams</b>			
<b>Prostate cancer screening</b> <ul style="list-style-type: none"> <li>• Digital rectal exam (DRE)</li> <li>• Prostate specific antigen (PSA)</li> </ul>			
<b>Colorectal cancer screening</b> <ul style="list-style-type: none"> <li>• Fecal occult blood test</li> <li>• Flexible sigmoidoscopy</li> <li>• Screening colonoscopy</li> <li>• Barium enema</li> </ul>	Exempt from Part B deductible.		
<b>Diabetes self-management training</b>	Requires referral by treating physician for patient with diabetes or renal disease.		
<b>Bone mass measurements</b>	Requires diagnosis related to osteoporosis or estrogen deficiency.		
<b>Glaucoma screening</b>			
<b>Medical nutrition therapy for diabetes or renal disease</b>	Requires referral by treating physician for patient with diabetes or renal disease.		
<b>Cardiovascular screening blood tests</b> <ul style="list-style-type: none"> <li>• Total cholesterol</li> <li>• High-density lipoproteins</li> <li>• Triglycerides</li> </ul>	Order as a panel if possible.		
<b>Diabetes screening tests</b> <ul style="list-style-type: none"> <li>• Fasting blood sugar (FBS) or glucose tolerance test (GTT)</li> </ul>	Patient must be diagnosed with one of the following: <ul style="list-style-type: none"> <li>• Hypertension</li> <li>• Dyslipidemia</li> <li>• Obesity (BMI <math>\geq 30</math> kg/m<sup>2</sup>)</li> <li>• Previous ID of elevated impaired FBS or GTT</li> </ul> ... or any two of the following: <ul style="list-style-type: none"> <li>• Overweight (BMI <math>\geq 25</math> but <math>&lt; 30</math>)</li> <li>• Family history of diabetes</li> <li>• Age 65 years or older</li> <li>• History of gestational diabetes or birth to baby weighing more than 9 pounds</li> </ul>		
<b>Abdominal aortic aneurysm screening</b> <ul style="list-style-type: none"> <li>• Sonogram</li> </ul>	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: <ul style="list-style-type: none"> <li>• Men who are 65-75 years old and have smoked more than 100 cigarettes in their lifetime</li> <li>• Anyone with a family history of abdominal aortic aneurysm</li> <li>• Anyone recommended for screening by the U.S. Preventive Services Task Force</li> </ul>		

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_