

MEDICARE INITIAL PREVENTIVE PHYSICAL EXAM

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

MEDICAL/SOCIAL HISTORY

Past personal injury or illness/surgery	Date	Hospitalized?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Drug allergies: _____

Tobacco use: _____

Medications, supplements and vitamins: _____

Alcohol use: _____

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): _____



FPM Toolbox To find more resources, please visit <http://www.aafp.org/fpm/toolbox>

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Patient's name: _____ Today's date: _____

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

COUNSELING AND REFERRAL OF OTHER PREVENTIVE SERVICES	
Preventive Service	Recommendation/Scheduled/Next Due
Abdominal aortic aneurysm screening (covered only if ordered at time of IPPE)	
Alcohol misuse screening and counseling	
Annual Wellness Visit (AWV) - includes health risk assessment and a personalized prevention plan of service (PPPS); first visit 11 full months after IPPE and subsequent visit 11 full months after first or most recent AWV	
Bone mass measurements	
Breast cancer screening - mammogram	
Cardiovascular disease screening laboratory tests - Lipid panel	
Cardiovascular disease - intensive behavioral therapy	
Cervical and vaginal cancer screening - Pelvic and breast exam including Pap smear	
Colorectal Cancer Screening - Fecal occult blood test; flexible sigmoidoscopy; colonoscopy; stool-based DNA and fecal occult hemoglobin	
Colorectal cancer screening - Barium enema - patient cost co-pay applies, deductible waived	
Depression screening	
Diabetes screening - glucose testing	
Diabetes self-management training - patient cost 20% after deductible (program accredited by the American Diabetes Association, American Association of Diabetes Educators or the Indian Health Service)	
Glaucoma test -patient cost 20% after deductible	
Hepatitis B vaccine	
Hepatitis C screening test	
HIV screening	
Influenza vaccination	
Lung cancer screening - Low dose computed tomography (LD-CT) - This benefit may not yet be available in all locales as facilities must meet specific requirements to provide the service.	
Medical nutrition therapy for diabetes or kidney disease (provided by nutritionist or dietitian)	
Obesity screening and intensive behavioral therapy	
Pneumococcal vaccination	
Prostate cancer screening - prostate specific antigen (PSA)	
Sexually transmitted infection (STI) screenings for chlamydia, gonorrhea, syphilis, and/ or Hepatitis B	
Sexually transmitted infection high intensity behavioral counseling	

Physician's signature: _____ Date: _____



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