

# MEDICARE PREVENTIVE PHYSICAL EXAM

Today's Date \_\_\_\_\_

<input type="checkbox"/> Initial Preventive Physical Exam ("Welcome to Medicare" Physical)		<input type="checkbox"/> Initial annual wellness visit		<input type="checkbox"/> Subsequent annual wellness visit		<input type="checkbox"/> Other	
Patient name			Medical record #			Date of birth	
Staff conducting initial intake			Date of last exam			Medicare B eligibility date	
Language or other communication barriers: (describe)						Sex	LMP
Interpreter or other accommodation provided today: (describe)						Gravida/para	Year of menopause
Vital signs	Ht	Wt	BMI	Waist	BP	Temp	P/R

Patient completed health risk assessment (Annual Wellness Visit requirement only; e.g. [www.medicalhealthassess.org](http://www.medicalhealthassess.org))

SOCIAL HISTORY							
<b>Tobacco</b>	<input type="checkbox"/> Current	Type:	Freq:	<input type="checkbox"/> 2nd hand	<input type="checkbox"/> Never	<input type="checkbox"/> Prior use	Quit date:
<b>ETOH</b>	<input type="checkbox"/> Never	<input type="checkbox"/> Occasional	<input type="checkbox"/> Daily	History of ETOH: (describe)			
<b>Diet notes</b>				<b>Caffeine</b>	<input type="checkbox"/> Never	<input type="checkbox"/> Occasional	<input type="checkbox"/> Daily
<b>Drug abuse</b>	<input type="checkbox"/> Never	<input type="checkbox"/> Occasional	<input type="checkbox"/> Daily	<input type="checkbox"/> Prior use	Quit date:		
History of drug abuse: (describe)							
<b>Occupation</b>				<b>Exercise type/frequency</b>			
Home environment <input type="checkbox"/> Private home <input type="checkbox"/> Assisted living <input type="checkbox"/> Other: (describe)							

FAMILY HISTORY									
use ✓ to indicate positive history									
	Self	Father	Mother	Sisters	Brothers	Aunts	Uncles	Daughters	Sons
Deceased									
Hypertension									
Heart disease									
Stroke									
Kidney disease									
Obesity									
Genetic disorder									
Liver disease									



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

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FAMILY HISTORY continued use ✓ to indicate positive history									
	Self	Father	Mother	Sisters	Brothers	Aunts	Uncles	Daughters	Sons
Depression or manic depressive disorder									
Colon or rectal cancer									
Breast cancer									
Other cancer									
Other: _____									

MEDICAL HISTORY				
Hospital visits since last office visit/reason	Facility	Attending physician	Date of hospital visit	Past surgeries (include date and description of any complications)

INJURIES (SINCE LAST PHYSICAL EXAM)		
Date	Type	Treatment received

ALLERGY LIST	
Allergies	Type of reaction

MEDICATION LIST if noted elsewhere in chart, indicate location: _____					
Herbals, supplements, OTC drugs, substances of abuse	Date started	Date discontinued	Rx meds, dose, frequency, route	Date started	Date discontinued



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MEDICATION LIST continued if noted elsewhere in chart, indicate location: _____					
Herbals, supplements, OTC drugs, substances of abuse	Date started	Date discontinued	Rx meds, dose, frequency, route	Date started	Date discontinued

PROBLEM LIST				
Chronic problems	Date added	Managing physician (if other)	Date updated	Initial
Acute problems (R=resolved)	Date added	Managing physician (if other)	Date updated	Initial

OTHER PHYSICIANS AND PROVIDERS OF CARE this documentation not required for IPPE		
Name & specialty/provider type	Type of care	Date discontinued

Physician/other provider sign here to indicate review/notation of pertinent history: \_\_\_\_\_



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**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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