

# Parkview Medical Clinic

## Medicare Wellness Visit – Patient Form

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

Family History. Please indicate if you have blood relatives with any history of the following illnesses:

Disease	Yes	No	Who/Details
Diabetes			
Heart attack			
Stroke			
Colon cancer			
Breast cancer			
Ovarian cancer			
Prostate cancer			
Aortic aneurysm			
Other			

Social History: Please check the appropriate box.

	Yes	No	Details (Amount and Frequency)
Do you use any tobacco?			
Do you drink any alcohol?			
Do you use any drugs?			

Depression Screening. Please check the appropriate box.

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

Safety Screening. Please check the appropriate box.

	Yes	No
Do you need help with the phone, transportation, shopping, preparing meals, housework, laundry, medications or managing money?		
Does your home have rugs in the hallway, lack grab bars in the bathroom, lack handrails on the stairs or have poor lighting?		
Have you noticed any hearing difficulties?		

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_

Diet and Exercise. Please check the appropriate box.

	Yes	No
Do you follow a special diet (e.g. low-sodium, low-cholesterol, vegetarian, gluten-free, dairy-free)? If so, please briefly describe below.		
Do you get at least three servings daily of dairy or dairy-substitute (a serving is 8 oz of milk, yogurt or cottage cheese, or 1 oz of cheese)?		
Do you get at least 5 servings of fruits and/or vegetables daily (a serving is one piece of fruit, half cup of cooked vegetables, or one cup of raw vegetables/fruit)?		
Do you exercise regularly? If so, please briefly describe below.		

Comments about diet and

exercise: \_\_\_\_\_

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Do you have any other questions or problems that you would like to discuss with your doctor today? If so, please be aware that any additional services not covered by the “Medicare Annual Wellness Visit” will be subject to your Medicare deductible or coinsurance.

Other problems: \_\_\_\_\_

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