



Note how narrow the gutters are on this OLD report.

The font is a sans-serif font which is does not take up more room vertically.

# Annual Personalized Wellness Plan

Patient Name: Willy Doe MRN: 123456789A

Date: May 23, 2017 Practice: New River Family Medicine  
1300 St Marys Street Suite 502 R

Healthcare Provider: Karen A Williams

Your personalized Wellness Plan is based on risk factors identified during your Annual Wellness Visit. Work with your doctor to complete each of the identified screenings and recommended counseling over the next 12 months to ensure you stay as healthy as possible. Speak with your Doctor if you have any questions about this plan.

## Your Key Vital Signs

Age:	86	Blood Pressure:	137 / 88
Weight:	190 lbs.	Weight Analysis:	
Height:	5' 9" (69 inches)		
Body Mass Index (BMI):	28	Weight Loss Counseling:	

Medicare Recommended Preventive Services		Code	Your Benefit / Guidelines	Needed this year*		
Immunizations / Vaccinations	Pneumonia	G0009	1 dose age 65+	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Influenza	G0008	Annually	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Shingles	90736/90471	As needed, if at risk	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
Diabetes Screening	Blood test	82947	w/ Sustained BP >= 135/80	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Cholesterol Testing	Blood test	82465	As needed w/ risk factors	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Vision / Glaucoma Screening	Eye test	G0117/G0118	Every 2 years - age 40+	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sexually Transmitted Disease/HIV	Blood test	G0475	As needed per risk	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Osteoporosis	Bone Density	76977	Routine	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
Colorectal Cancer Screening	Fecal Blood	G0328	Annually	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Sigmoidoscopy	G0104	Every 5 years	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Colonoscopy	G0121	Every 10 years	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
Breast Cancer Screening	Mammogram	G0202	Female, Every 2 years	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
Prostate Cancer Screening	PSA	G0103	Male, Annually	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>

## Social/Behavioral Screenings

Smoking / Tobacco Use	Counseling	99406/99407	As needed, if at risk	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
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Now look how wide the gutters are on the NEW report.

The font is a “serif” font which takes up more room vertically.

Patient Name: Today 5Dec MRN: 123456789  
Date: May 28, 2024 Practice: New River Family Medicine  
1300 St Marys Street Suite 502 R  
Healthcare Provider: Karen A Williams,RN

Your personalized Wellness Plan is based on risk factors identified during your Annual Wellness Visit. Work with your doctor to complete each of the identified screenings and recommended counseling over the next 12 months to ensure you stay as healthy as possible. Speak with your Doctor if you have any questions about this plan.

Your Key Vital Signs

Age:	67	Blood Pressure:	N/A
Weight:	N/A		
Height:	N/A		
Body Mass Index (BMI):	N/A		

Medicare Recommended	Preventive Services	Code	Your Benefit/Guidelines	Needed	This year*
Immunizations/Vaccines	Pneumonia	G0009	1 dose age 65+	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Immunizations/Vaccines	Influenza	G0008	Annually	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Immunizations/Vaccines	Shingles	90736	As needed, if at risk	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Diabetes Screening	Blood test	82947	w/ sustained B/P >= 130/80	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Cholesterol Testing	Blood test	82465	As needed w/ risk factors	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Vision/Glaucoma Screening	Eye test	G0117	Every 2 years, age 40+	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Sexually Transmitted Disease/HIV	Blood test	G0475	As needed per risk	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Osteoporosis	Bone density	76977	Routine	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Colorectal Cancer Screening	Colonoscopy	G0121	Every 5-10 years	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Breast Cancer Screening	Mammogram	G0202	Female, every 2 years	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Prostate Cancer Screening	PSA	G0103	Male, annually	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Hand icon  
Add icon  
Pencil icon  
Eraser icon  
Text box icon  
Image icon  
Pin icon  
Yellow circle icon  
More icon

In this OLD report the last entry is “Living Will and Medical Proxy” which still leaves plenty of room for maybe one more entry.

Medicare Recommended Preventive Services		Code	Your Benefit / Guidelines	Needed this year*		
Immunizations / Vaccinations	Pneumonia	G0009	1 dose age 65+	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Influenza	G0008	Annually	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Shingles	90736/90471	As needed, if at risk	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
Diabetes Screening	Blood test	82947	w/ Sustained BP >= 135/80	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Cholesterol Testing	Blood test	82465	As needed w/ risk factors	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Vision / Glaucoma Screening	Eye test	G0117/G0118	Every 2 years - age 40+	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sexually Transmitted Disease/HIV	Blood test	G0475	As needed per risk	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Osteoporosis	Bone Density	76977	Routine	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
Colorectal Cancer Screening	Fecal Blood	G0328	Annually	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Sigmoidoscopy	G0104	Every 5 years	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Colonoscopy	G0121	Every 10 years	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
Breast Cancer Screening	Mammogram	G0202	Female, Every 2 years	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
Prostate Cancer Screening	PSA	G0103	Male, Annually	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Social/Behavioral Screenings						
Smoking / Tobacco Use	Counseling	99406/99407	As needed, if at risk	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Alcohol Misuse Screening	Counseling	G0442	As needed, if at risk	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
Substance Abuse Screening	Counseling	G0396/G0397	As needed, if at risk	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Cognitive Impairment Screening	Testing	96103/96120	As needed, if at risk	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Depression Screening	Counseling	G0444	As needed, if at risk	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Your Additional Risk Factors						
Weight/BMI	Counseling	G0447/G0473	As needed, if BMI is above	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
Fall Risk / Mobility	Assessment	92541	As needed, if at risk	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Physical Activity / Exercise	Counseling	Varies	As needed, if at risk	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Nutrition / Diet	Counseling	G0270/G0271	As needed, if at risk	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Advance Care Planning						
Living Will & Medical Proxy	Counseling	99497	As needed, requested	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>

\*based upon your answers



In the NEW report, the last line is Nutrition Diet but there is no room for the last two items:  
Advance Directives and Chronic Care Management.

Services		Benefit/Guidelines		year*	
Immunizations/Vaccines	Pneumonia	G0009	1 dose age 65+	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Immunizations/Vaccines	Influenza	G0008	Annually	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Immunizations/Vaccines	Shingles	90736	As needed, if at risk	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Diabetes Screening	Blood test	82947	w/ sustained B/P >= 130/80	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Social/Behavioral Screenings					
Smoking/Tobacco Use	Counseling	99406	As needed, if at risk	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Alcohol Misuse Screening	Counseling	G0442	As needed, if at risk	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Substance Abuse Screening	Counseling	G0396	As needed, if at risk	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Cognitive Impairment Screening	Testing	96103	As needed, if at risk	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Depression Screening	Counseling	G0444	As needed, if at risk	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Your Additional Risk Factors					
Weight/BMI	Counseling	G0447	As needed, if BMI out of limits	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Fall Risk/Mobility	Assessment	92541	As needed, if at risk	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Physical Activity/Exercise	Counseling	Varies	As needed, if at risk	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Nutrition/Diet	Counseling	G0270	As needed, if at risk	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>







I suggest you get rid of non-essential blank lines like the ones shown here, change the font to a sans-serif to save vertical height and that will probably give you two more lines at the bottom to add Advance Directives and Chronic Care Management.

Sans-Serif font everywhere

Patient Name: Today 5Dec MRN: 123456789  
Date: May 28, 2024 Practice: New River Family Medicine  
1300 St Marys Street Suite 502 R

Healthcare Provider: Karen A Williams, RN

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