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## Layout

- ☒ Portrait
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## Pages

- ☒ All
- ☐ Odd pages only
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- ☐ e.g. 1-5, 8, 11-13

## Print on both sides

Print on one side ▾

Print

Cancel

A few suggestions to  
get those last few lines  
brought up to the first  
page.

## Annual Personalized Wellness Plan

Patient Name: **Bobby Gentry**  
Date: **June 03, 2024**  
Healthcare Provider: **Dr Pedro J Bennitto,MD**

MRN: **5510380**  
Practice: **New River Family Medicine**  
**1300 St Marys Street Suite 502 R**

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: 92 Blood Pressure: 190/90  
Weight: 200 lbs  
Height: 55 inches  
Body Mass Index (BMI): 46

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 checked="" type="checkbox"/>	No <input type="checkbox"/>
Vision/Glaucoma Screening	Eye test	G0117	Every 2 years, age 40+	Yes <input checked="" type="checkbox"/>	No <input 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 checked="" type="checkbox"/>	No <input type="checkbox"/>
Breast Cancer Screening	Mammogram	G0202	Female, every 2 years	Yes <input checked="" type="checkbox"/>	No <input 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	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	As needed, if at risk	Yes <input checked="" type="checkbox"/>	No <input 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 checked="" type="checkbox"/>	No <input 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 checked="" type="checkbox"/>	No <input 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 checked="" type="checkbox"/>	No <input type="checkbox"/>
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## Advance Care Planning

Advance Directives	Counseling	99497	As needed, requested	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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Prostate Cancer Screening

PSA

G0103 Male, annually

Yes ☒No ☐

## Social/Behavioral Screenings

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You should still reduce the top margin even more. The original version of this report had almost zero margin.

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There is still some extra space here that you can probably remove.

This is between “Your personalized Wellness Plan” paragraph and “Your Key Vital Signs”

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PSA

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Yes ☒No ☐

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Change “Preventive  
Services” to  
“Services”

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Prostate Cancer Screening

PSA

G0103 Male, annually

Yes ☒No ☐

Social/Behavioral Screenings

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Change “Needed This year” to “Needed” and justify it to the right side.

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Age: 92 Blood Pressure: 190/90  
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Height: 55 inches  
Body Mass Index (BMI): 32

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Immunizations/Vaccines	Pneumonia	G0009	1 dose age 65+	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Finally, I would reduce the font by ½ point and keep previewing it to a live printer or .pdf to test it like I am doing until you see it fit entirely on one page.

If it still doesn't fit reduce it by ½ point again until it does fit.

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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 checked="" type="checkbox"/>	No <input type="checkbox"/>
Vision/Glaucoma Screening	Eye test	G0117	Every 2 years, age 40+	Yes <input checked="" type="checkbox"/>	No <input 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 checked="" type="checkbox"/>	No <input type="checkbox"/>
Breast Cancer Screening	Mammogram	G0202	Female, every 2 years	Yes <input checked="" type="checkbox"/>	No <input 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	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	As needed, if at risk	Yes <input checked="" type="checkbox"/>	No <input 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 checked="" type="checkbox"/>	No <input 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 checked="" type="checkbox"/>	No <input 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 checked="" type="checkbox"/>	No <input type="checkbox"/>
Advance Care Planning					
Advance Directives	Counseling	99497	As needed, requested	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Prostate Cancer Screening

PSA

G0103 Male, annually

Yes ☒No ☐

Social/Behavioral Screenings