IPA: _____ HEALTH PLAN: _____

RAFS Consultants

Telehealth Audio and Video Annual Wellness Assessment

PATIENT NAME:		PATIENT ID #:		DATE:	
				DOB:	
PCP NAME:				GENDER:	

VITAL SIGNS

Allergies: _____ Height:_____ Weight:_____ BMI:_____ GFR: _____

O2 Sat ____ % Oxygen Use: ☐ Y ☐ N RR: _____ HR: _____ BP: _____ Temp.: _____

PREVENTION AND MANAGEMENT

Check the Appropriate "BMI" Code:

☐ BMI < 19 (Z68.10); ☐ BMI 20.0-20.9 (Z68.20); ☐BMI 21.0-21.9 (Z68.21); ☐BMI 22.0-22.9 (Z68.22); ☐BMI 23.0-23.9 (Z68.23);
☐ BMI 24.0-24.9 (Z68.24); ☐BMI 25.0-25.9 (Z68.25); ☐BMI 26.0-26.9 (Z68.26); ☐BMI 27.0-27.9 (Z68.27); ☐BMI 28.0-28.9 (Z68.28);
☐ BMI 29.0-29.9 (Z68.29); ☐BMI 30.0-30.9 (Z68.30); ☐BMI 31.0-31.9 (Z68.31); ☐BMI 32.0-32.9 (Z68.32); ☐BMI 33.0-33.9 (Z68.33);
☐ BMI 34.0-34.9 (Z68.34); ☐BMI 35.0-35.9 (Z68.35); ☐BMI 36.0-36.9 (Z68.36); ☐BMI 37.0-37.9 (Z68.37); ☐BMI 38.0-38.9 (Z68.38); ☐BMI 39.0-39.9 (Z68.39);
☐ BMI 40.0-44.9 (Z68.41); ☐BMI 45.0-49.9 (Z68.42); ☐BMI 50.0-59.9 (Z68.43); ☐BMI 60.0-69.9 (Z68.44); ☐BMI 70 or greater (Z68.45)

☐ **BREAST CANCER SCREENING**: Mammogram DOS: _____ Check ☐ 3014F

☐ **COLON CANCER SCREENING** (good for 10 years): DOS: _____ (Z12.11) CPT 44388-44394

or ☐ **Annual Fecal Occult Blood Test** DOS: _____ Z12.11 CPT 82270- 82274

HYPERTENSION MANAGEMENT (CPC) *(only for patients diagnosed with Hypertenstion)*

Check the Appropriate "Blood Pressure" Procedures (SBP =Systolic BP; DBP =Diastolic BP):

☐ SBP < 130 (3074F); ☐ SBP 130-139 (3075F); ☐ SBP 140 or over (3077F)
☐ DBP < 80 (3078F); ☐ DBP 80-89 (3079F); ☐ DBP 90 or over (3080F)

COMPREHENSIVE DIABETES CARE (CDC) *(only for patients diagnosed with Diabetes)*

☐ Annual Dilated Retina Exam V72.0 DX, CPT: 67028-67040
Check one: ☐ 2022F Retinal result read by Ophthalmologist or Optometrist ☐ 3072F Diabetic Retinal Screening -Negative

☐ **Check the Appropriate "Blood Pressure" Procedures (SBP =Systolic BP; DBP =Diastolic BP):**
☐ SBP < 130 (3074F); ☐SBP 130-139 (3075F); ☐SBP 140 or over (3077F)
☐ DBP < 80 (3078F); ☐DBP 80-89 (3079F); ☐DBP 90 or over (3080F)

☐ Urine Protein Test (Microalbumin) CPT 82042-82044
Check one: ☐ 3060F Positive microalbumin test result ☐ 3061F Negative microalbumin Result documented:_____

☐ HbA1C Test CPT 83036, 83037
Check one: ☐ 3044F, A1C <7% ☐ 3045F, A1C between 7-9 % ☐ 3046F, A1C > 9% Result documented:

Note: above 9%need to refer to Nutritionist and follow up with PCP. Follow up visit next three months to monitor A1C level

☐ Oral Glycemic Medication Adherence *(Make sure DM patient is receiving their ACE inhibitor, statin, and Diabetic RX monthly)*

CARE OF OLDER ADULT: COA

FUNCTIONAL ASSESSMENT		Independent	Dependent	Comments
Ability to Take Medications		☐	☐ Min ☐ Mod ☐ Max ☐ Total Care	
Feeding:		☐	☐ Fed ☐ PEG ☐ NG	
Grooming:		☐	☐ Min ☐ Mod ☐ Max ☐ Total Care	
Toileting:	Bladder:	☐ Continent	☐ Incontinent ☐ Refer to Incontinence Program	
	Bowel:	☐ Continent	☐ Incontinent ☐ Issue with supply forward to UM Dept	
Ambulation:		☐	☐ Cane ☐ Walker ☐ W/C ☐ Geri-Chair ☐ Bed	
Comments:				
Check here:		☐1170F (Functional Status Assessment)		

PATIENT NAME:		PATIENT ID #:		DOB:	

DEPRESSION SCREEN (PHQ9)					
Over the last 14 days, how often have you been bothered by any of the following problems?		**0**	**1 to 6**	**7 to 11**	**12 +**
1	Little interest or pleasure in doing things	(0)	(1)	(2)	(3)
2	Feeling down, depressed or hopeless	(0)	(1)	(2)	(3)
3	Trouble falling asleep, staying asleep, or sleeping too much	(0)	(1)	(2)	(3)
4	Feeling tired or having little energy	(0)	(1)	(2)	(3)
5	Poor appetite or overeating	(0)	(1)	(2)	(3)
6	Feeling bad about yourself, feeling that you are a failure, or feeling that you have let yourself or your family down	(0)	(1)	(2)	(3)
7	Trouble concentrating on such things as reading the newspaper or watching TV	(0)	(1)	(2)	(3)
8	Moving or speaking so slowly that other people could have noticed or the opposite, being so fidgety or restless that you have been moving around a lot more than usual.	(0)	(1)	(2)	(3)
9	Thinking that you would be better off dead or that you want to hurt yourself in some way	(0)	(1)	(2)	(3)

Diagnosis Guide	Total Score: Depression Severity: 1 – 4 Minimal depression 5 – 9 Mild depression 10 – 14 Moderate depression 15 – 19 Moderately severe depression - **Refer to Case Management** 20 – 27 Severe depression - **Refer to Case Management**	**Total Score** Total circled numbers

Unable to complete the depression assessment due to:
☐ Unresponsive ☐ Uncooperative ☐ Severe Dementia ☐ Patient Refused ☐ Other (explain below)

On Treatment for Depression? Yes ☐ No ☐

Additional Notes/Comments:

PAIN ASSESSMENT			
Do you have pain?	☐ No	☐ Yes	If yes, Location:
Intensity (circle one)	Scale: (0) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) None Moderate Severe		
How long?			
What do you take to help?			
Comments:			

Check one : ☐ 1125F Has Pain ☐ 1126F No Pain ☐ 0521F Plan of care to address pain documented

URINARY INCONTINENCE: SCREENING QUESTIONS

* New Patient: In the past 12 months, have you:
* Established Patient: Since your last visit here, have you:

☐ Had a problem with urinary incontinence (or your bladder) that is bothersome enough that you would like to know more about how it could be treated

☐ Refer to Incontinence Program
☐ Issue with supply forward to UM Department

CURRENT MEDICATIONS (Prescription and Over-The-Counter medicine): Include Over-the-Counter and Herbal Medications **Attach a page if more space is needed**

#	Drug	Dose	Route	Frequency
1				
2				
3				
4				
5				
6				

Check both the "Medication List" and "Medication Review" Codes ☐ Medication List (1159F); ☐ Medication Review (1160F)

PATIENT NAME:		PATIENT ID #:		DOB:	

ADVANCED CARE PLAN

- ☐ Advanced Care Plan or other legal document present in medical record (1157F);
- ☐ Advanced Care Plan discussion documented in medical record (1158F)
  - Attached Care Plan
  - ☐ POLST Form documented in medical record for frail serious illness: advanced heart disease, lung disease and end stage cancer.

FALL RISK ASSESSMENT (Assess the below given Functions)	Yes	If Yes, Specify	No	Comments
High Risk for Fall				
Cognitive Impairment				
Plan:				
Housing assessment needed? ☐ Yes ☐ No		If yes, order review from refer to Case Management at Health Plan		

HISTORY	
ALCOHOL / TOBACCO DRUGS RISK SCREEN	Have you ever smoked cigarettes, a pipe or cigars or chewed tobacco? ☐ Yes ☐ No If Yes, how much and for how long? _____ Do you ever drink alcohol? ☐ Yes ☐ No If Yes, how much? _____ Have you ever used any street drugs or taken prescription medications that were not prescribed for you? ☐ Yes ☐ No If Yes, what drugs/meds? _____ For how long? _____
PERSONAL HISTORY	Marital Status: ☐ Married ☐ Single ☐ Divorced
PAST SURGICAL/ HEART/ CANCER/STROKE HISTORY	

PATIENT NAME:		PATIENT ID #:		DOB:	

If system deferred, check here	PHYSICAL EXAM (Please complete thoroughly each section unless exam component was deferred)			
		Normal	Abnormal	Describe Finding
☐	GENERAL			
☐	HEAD			
☐	EYES			
☐	ENT			
☐	NECK			
☐	RESP			
☐	CV			
☐	CHEST / BREAST			
☐	GI			
☐	GU			
☐	LYMPH			
☐	MS			
☐	SKIN			Chronic Ulcer of skin?
☐	PSYCH			
☐	NEURO			
☐	MUSCU			Amputee status (Y/N) Location:
OTHER LAB RESULTS (state specific findings & add diagnosis to assessment/plan)				
OTHER XRAY RESULTS (state specific findings & add diagnosis to assessment/plan)				

PATIENT NAME:		PATIENT ID #:		DOB:	

OTHER SPECIALIST CONSULTANTS REPORTS	
OTHER RADIOLOGY DIAGNOSTIC RESULTS	
HOSPITAL NOTES/CONSULTS: **DATE LAST ADMISSIONS AND DISCHARGE**	
POST DISCHARGE MEDICATION RECONCILIATION: **☐ 1111F**	

LIST OF MEDICATIONS (POST DISCHARGE)	Dose/strength	Quantity/Frequency

Comments:

PATIENT NAME:		PATIENT ID #:		DOB:	

IMPRESSION / PLAN		
CARDIOVASCULAR DIAGNOSIS:	**Status of DX**	**PLAN OF CARE / CURRENT RX**
☐ Coronary Heart Failure (CHF) I50.0	☐ Stable ☐ Declining	☐ Echo _____ ACE Inhibitor: _____
☐ Peripheral Arterial Disease (PAD) I73.9	☐ Stable ☐ Declining	☐ PAD screening result: _____
☐ Atrial Fibrillation I48.91 on anticoagulant? If yes, ☐ Other Thrombophilia D68.59	☐ Stable ☐ Declining	
☐ Hypertension w/Heart Failure I11.0	☐ Stable ☐ Declining	
☐ Hypertensive heart with CKD5 I13.11	☐ Stable ☐ Declining	
☐ Angina Pectoris I20.9	☐ Stable ☐ Declining	
☐ Presence of Heart Assist device/Pacemaker ☐ Old Myocardial Infection Status Z95.8111		
DIABETIC DIAGNOSIS		**PLAN OF CARE / CURRENT RX**
☐ Diabetes with other specified complication E11.8	☐ Stable ☐ Declining	
☐ Diabetic Nephropathy (*positive Microalbumin*) E10.21	☐ Stable ☐ Declining	
☐ Diabetic Neuropathy (*numbness*) E10.40	☐ Stable ☐ Declining	
☐ Diabetic Peripheral Angiopathy E11.51	☐ Stable ☐ Declining	
☐ Diabetic Retinopathy E10.311	☐ Stable ☐ Declining	
☐ Diabetic with Diabetic Cataract E10.36	☐ Stable ☐ Declining	
☐ CKD due to Diabetes E11.22	☐ Stable ☐ Declining	
☐ Diabetic with hypoglycemia E11.65	☐ Stable ☐ Declining	
☐ Diabetic with oral complications E11.638	☐ Stable ☐ Declining	
☐ Diabetic with skin ulcer (foot/other) E10.622	☐ Stable ☐ Declining	
☐ Long term use of Insulin status Z79.4		
PULMONARY DIAGNOSIS	**Status of DX**	**PLAN OF CARE / CURRENT RX**
☐ COPD, unspecified J44.9 or ☐ with acute lower respiratory infection J44.0 or ☐ acute exacerbation J44.1	☐ Stable ☐ Declining	Spirometry Results: FEV_1: _____ FVC: _____
☐ Simple chronic bronchitis (smoker's cough) J41.0	☐ Stable ☐ Declining	
☐ Pulmonary Hypertension I27.0	☐ Stable ☐ Declining	
MENTAL DISORDERS	**Status of DX**	
☐ Major Depressive Disorder, single episode, F32.0 ☐ Major Depressive Disorder, single episode, in partial remission F32.4	☐ Mild (1) ☐ Moderate (2) ☐ Severe (3) ☐ Full Remission	
☐Alcohol abuse (F10.1) ☐ Opioid dependence (F11.2) /abuse (F11.1) ☐ Other stimulant abuse (F15.1) ☐ Sedative abuse (F13.1) ☐Paranoid Schizophrenia (F20.0) ☐Bipolar disorder, current ☐Bipolar disorder, in remission F31.7	☐ In remission (add zero to Dx) ☐ Uncomplicated (add 1 to Dx) ☐ Mild (1) ☐ Moderate (2) ☐ Severe (3)	
☐ Pain Disorder related to psychological factors F45.42 ☐ Obsessive Compulsive Personality Disorder F60.5	☐Stable ☐ Declining	

PATIENT NAME:		PATIENT ID #:		DOB:	

OTHER DIAGNOSIS:	Status of DX	PLAN OF CARE / CURRENT RX
☐ Morbid Obesity E66.01 ☐ Other Obesity due to excess calories E66.09	☐ BMI> 40 or 35 with Hypertension	
☐ Protein-Calorie Malnutrition	☐ Mild ☐ Moderate	
☐ Chronic Kidney Disease	☐ Stage 3, N18.3 ☐ Stage 4, N18.4 ☐ Stage 5, N18.5 ☐ End Stage N18.6 ☐ Dialysis Z99.2	GFR: _____
☐ Chronic Hepatitis ☐ Unspecified Cirrhosis of liver *(low platelet count)* K74.60	☐ HepB (B18.1) ☐ HepC (B18.2) ☐ Chronic Hepatitis, unspecified (B18.9) ☐ Stable ☐ Declining	
☐ Late Effect of Stroke	☐ Monoplegia of upper/lower limb following cerebral infarction ☐ Hemiplegia and hemiparesis following cerebral I69.359	
☐ Rheumatoid arthritis M06.9	☐ Stable ☐ Declining	DMARD:
☐ Anemia in CKD (D63.1) ☐ Acquired Hemolytic Anemia, unspecified (D59.9)	☐ Stable ☐ Declining	
☐ Multiple Sclerosis G35 ☐ Epilepsy G40.901 ☐ Parkinson's G20	☐ Stable ☐ Declining	
☐ Chronic ulcer of skin L98.4	☐ Stable ☐ Declining	
☐ Amputee ☐ Paraplegia	☐ Stable ☐ Declining	Location:
☐ Transplant status (heart/lung/liver) ☐ Ostomy Status _____	☐ Stable ☐ Declining	
☐ Other specified Immunodeficiencies D84.8	☐ Stable ☐ Declining	
☐ Cancer: _____	☐ Active ☐ Remission	
☐ Human Immunodeficiency Virus (HIV)	CD4 count: _____ ☐ HepB Serology Viral load: _____ ☐ HepC Screening	
☐ Polyneuropathy due to other toxic agents G62.2	☐ Stable ☐ Declining	

PATIENT NAME:		PATIENT ID #:		DOB:	

FOLLOW UP VISIT:

PATIENT EDUCATION:				
☐ Advance Directives	☐ Asthma	☐ Breast Self Exam	☐ Cholesterol	☐ Diabetes
☐ Diet	☐ Exercise	☐ Family Planning	☐ Hypertension	☐ Immunizations
☐ Medications	☐ Obesity	☐ Medication Adherence	☐ STD's	☐ Substance Abuse
☐ Testicular Self Exam	☐ Tobacco Cessation	☐ Tuberculosis	☐ Fall Prevention	☐ Other _____

Print Provider Name:_____ Print Group Name: _____

Provider Signature:_____ (check one) ☐ MD ☐ DO ☐ NP ☐ PA

Primary Care Provider: _____ Date: _____

NOTES/COMMENTS: