

PREVENTIVE MEDICINE ASSESSMENT WITH PERSONALIZED HEALTH PLAN AND SCREENING SCHEDULE

Make one copy for patient and file original in chart.

ALL FIELDS REQUIRED	DATE OF SERVICE:		
PATIENT NAME:		DOB:	
MEMBER ID #:		PLAN NAME:	

	SCREENING/COUNSELING	PATIENT CRITERIA	DATE ORDERED/ PERFORMED	COMMENTS/ EXCEPTIONS (PHYSICIAN ONLY)
<input type="checkbox"/>	VACCINATION SCHEDULE¹	Pneumococcal — Once after age 65 and if more than 5 years since last vaccination and/or uncertainty of vaccine status Influenza — Once per fall or winter season	_____/_____/_____ _____/_____/_____	
<input type="checkbox"/>	BREAST CANCER SCREENING (Mammography) ²	Annual screening mammography for all women ≥ 40 years	_____/_____/_____	
<input type="checkbox"/>	COLORECTAL CANCER SCREENING³	For all patients 50 and older: <ul style="list-style-type: none"> • Annual fecal occult blood test or • Colonoscopy every 10 years or flexible sigmoidoscopy every 5 years • Lower endoscopy to be performed more frequently, if advised by GI 	Type of screening: _____ _____/_____/_____	
<input type="checkbox"/>	CERVICAL CANCER SCREENING (For women ≥ 65 years) ⁴	Women over age 65 who have had regular screenings with normal results should not be screened for cervical cancer. Women who have been diagnosed with cervical pre-cancer should continue to be screened.	_____/_____/_____	
<input type="checkbox"/>	PROSTATE CANCER SCREENING⁵	For men with average risk of prostate cancer and expected to live for at least another 10 years, screening should be done at the age of 50 years. Screening should begin earlier for those at higher risk. Screening includes an annual digital rectal examination and/or prostate specific antigen test.	Type of screening: _____ _____/_____/_____	
<input type="checkbox"/>	CARDIOVASCULAR DISEASE SCREENING BLOOD TESTS⁶	Asymptomatic patients: every 5 years High-risk patients or patients treated for hypercholesterolemia to be screened more frequently: <ul style="list-style-type: none"> • Fasting lipid panel 	_____/_____/_____ Results LDL-C: _____	
<input type="checkbox"/>	DIABETES SCREENING TESTS⁷ Eligible tests: Quantitative Urine Glucose, GTT, HbA1C	Patients with a BMI ≥ 25 with other risk factors (physical inactivity; first-degree relative with diabetes; high-risk race/ethnicity (e.g., African American, Latino, Native American, Asian American, Pacific Islander); women who delivered a baby weighing > 9 lb or were diagnosed with GDM; hypertension (≥ 140/90 mmHg or on therapy for hypertension); HDL cholesterol level < 35 mg/dL and/or a triglyceride level > 250 mg/dL; women with polycystic ovary syndrome; HbA1C ≥ 5.7%, IGT, or IFG on previous testing; other clinical conditions associated with insulin resistance, history of CVD) should be screened annually. <ul style="list-style-type: none"> • In the absence of other risk factors, testing for diabetes should begin at age 45 years and, if results normal, repeated every 3 years 	Type of screening: _____ _____/_____/_____	
<input type="checkbox"/>	OSTEOPOROSIS SCREENING⁸	Every 24 months in patients with <i>at least</i> one of the conditions below: <ul style="list-style-type: none"> • Women who have had a long-bone or vertebral fracture should undergo assessment for osteoporosis and treatment of osteoporosis within 6 months of the fracture • Women who are estrogen-deficient and at clinical risk for osteoporosis • Patients with vertebral abnormalities identified by X-ray • Patients receiving, or expected to receive, glucocorticoid therapy equivalent to an average of ≥ 5.0mg of prednisone per day, for more than 3 months • Patients with known primary hyperparathyroidism 	BMM result: _____/_____/_____ Medication/ supplement regimen: _____ _____ _____	
<input type="checkbox"/>	ULTRASOUND SCREENING FOR ABDOMINAL AORTIC ANEURYSM⁹	One-time-only benefit within the first 12 months of enrollment (ordered during the IPPE) for patients with the following risk factors: <ul style="list-style-type: none"> • Family history of AAA (Dx V17.49) • Men age 65-75 who smoked at least 100 cigarettes in their lifetime (Dx 305.1 or V15.82) 	_____/_____/_____ Results: _____ _____ _____	
<input type="checkbox"/>	COUNSELING FOR TOBACCO CESSATION¹⁰	<ul style="list-style-type: none"> • For all tobacco users, including those who are asymptomatic. Also included are smoking cessation treatments prescribed by a physician. (Dx 305.1) • Two cessation counseling attempts (or up to eight cessation counseling sessions) are allowed every 12 months 	<input type="checkbox"/> APPLICABLE <input type="checkbox"/> NOT APPLICABLE	
<input type="checkbox"/>	COUNSELING ON NUTRITION¹⁰	<ul style="list-style-type: none"> • Assess and review protein, fat, simple sugar and fiber intake • Recommend that half of plate is filled with fresh fruit, raw or steamed vegetable per meal 	<input type="checkbox"/> Discussed with patient <input type="checkbox"/> Discussed with patient	

	MEDICAL COUNSELING	RECOMMENDATION	CHECK ONE	DOCUMENT RECOMMENDATIONS GIVEN TO PATIENT
<input type="checkbox"/>	COUNSELING ON FALL PREVENTION¹⁰	<ul style="list-style-type: none"> Discuss if any falls over past 12 months 	<input type="checkbox"/> YES	
		<ul style="list-style-type: none"> Review high-risk medications (neuropsychiatric, opioid analgesic agents and cardiovascular medications) Review the medical necessity for any medications that fall into the American Geriatric Society's Beers Criteria¹¹ 	<input type="checkbox"/> YES	
		<ul style="list-style-type: none"> Assess living environment for lighting, hazards, assistive devices 	<input type="checkbox"/> YES	
<input type="checkbox"/>	COUNSELING ON EXERCISE¹⁰	Advise to start, increase, or maintain level of exercise in order to reach goal of 30 minutes of moderate activity <i>at least</i> 4 days per week	<input type="checkbox"/> Discussed with patient	
<input type="checkbox"/>	COUNSELING/ SCREENING FOR HIV AND HCV^{12,13}	<ul style="list-style-type: none"> Discuss risk of HIV in the elderly and consider HIV screening One-time screening for HCV infection should be offered to adults born between 1945 and 1965 	Date HCV test performed/ Ordered: ____/____/____ <input type="checkbox"/> Patient counseled on HIV <input type="checkbox"/> HIV screening test ordered	
<input type="checkbox"/>	COUNSELING ON URINARY INCONTINENCE¹⁰	<ul style="list-style-type: none"> Review history of bowel and urinary incontinence and any recent changes in bowel habits and micturition Discuss bladder training, exercises, medication and surgery 	<input type="checkbox"/> APPLICABLE <input type="checkbox"/> NOT APPLICABLE	
<input type="checkbox"/>	DIABETES MANAGEMENT¹³ (for patients with known diabetes) <i>Consider education for all pre-diabetics</i>	<ul style="list-style-type: none"> Ophthalmology referral (every two years, more frequently if diagnosed with retinopathy) 	____/____/____	
		<ul style="list-style-type: none"> Annual nephropathy screen 	eGFR: _____ Microalbuminuria: <input type="checkbox"/> Positive <input type="checkbox"/> Negative ____/____/____	
		<ul style="list-style-type: none"> Foot examination 	____/____/____	
		<ul style="list-style-type: none"> HbA1C performed 	Result: _____ ____/____/____	
		<ul style="list-style-type: none"> Peripheral & autonomic neuropathy: Screen by history and vibratory sensation loss with 128 Hz tuning fork 	Result: _____ ____/____/____	
		<ul style="list-style-type: none"> Lipid profile performed 	Total chol _____ HDL _____ LDL _____ Triglyc _____ ____/____/____	
		<ul style="list-style-type: none"> Enroll in diabetes education course 	____/____/____	

Provider information

Print provider name:	Group name:
Provider ID:	Tax ID number:
Provider address:	City, State, ZIP:
Provider signature:	(check one) <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> Other _____
Date: ____/____/____	

- Adapted from CDC. Table 6. Contraindications and precautions to commonly used vaccines. General recommendations on immunization: recommendations of the Advisory Committee on Immunization Practices. MMWR 2011;60(No. RR-2):40-41 and from Atkinson W, Wolfe S, Hamborsky J, eds. Appendix A. *Epidemiology and prevention of vaccine preventable diseases*. 12th ed. Washington, DC: Public Health Foundation, 2011. Available at: www.cdc.gov/vaccines/pubs/pinkbook/index.html.
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