Medicare Annual Wellness Visit Health History

(Confidential)

Frederick Primary Care Associates

Complete this form in its entirety as part of your Medicare Annual Wellness Visit. Medicare requires all providers to gather the following information at every wellness visit. This is in addition to any previously gathered health information.

PATIENT INFORMATION

Name		Today's Date
Date of Birth	Age	Date of Last Physical

HEALTH QUESTIONS (answer yes or no)

	YES	NO		YES	NO
Do have concerns about your memory?	☐	☐	Do you have hearing impairment?	☐	☐
Does your family have concerns about your memory?	☐	☐	Do you have vision impairment?	☐	☐
Do you have concerns about your ability to care for yourself?	☐	☐	Do you have a living will?	☐	☐
Does your family have concerns about your ability to care for yourself?	☐	☐	Do you have a durable power of attorney?	☐	☐

ALLERGIES (to substances or medications)

HOSPITALIZATIONS (list all hospitalizations you have ever had and dates)

SURGERIES (list all surgeries you have ever had and dates)

CURRENT MEDICAL PROVIDERS (list all doctors, specialists you currently see)

OTHER CURRENT MEDICAL PROVIDERS (list all other medical providers you use – oxygen company, home health, DME suppliers)

MEDICATIONS (list current medications, dosages, times per day and prescribing doctor)

SUPPLEMENTS (list current supplements including calcium and multivitamin, dosages, times per day)

FAMILY HISTORY (check those that apply)

Disease	Family Member (s) (Only Parents or siblings)
☐ Cancer (include type with family member)	
☐ Diabetes	
☐ High Blood Pressure	
☐ High Cholesterol	
☐ Heart Attack (Age: 40s in men – 50s in women)	
☐ Stroke (Age: 40s in men – 50s in women)	
☐ Alcohol/Chemical Dependency	
☐ Depression and/or Suicide	
☐ Osteoporosis	

VACCINE/EXAM/TEST (list the year of your last)

Tetanus vaccine	Pneumonia vaccine	Rectal/stool exam	Mammogram
Flu vaccine		Cholesterol	Pap smear